

STUDENT TEACHING APPLICATION

Semester and Year to Student Teach _____

Please type or print all information.

APPLICANT INFORMATION

NAME _____

Last

First

M.I.

STUDENT ID # _____ DATE OF BIRTH _____

mm/dd/yyyy

HUB SUITE _____ PHONE/CELL PHONE _____

EMAIL _____

HAVE YOU EVER REGISTERED UNDER A DIFFERENT LAST NAME?
IF SO, INDICATE NAME

WHAT TOWN DO YOU PLAN ON LIVING IN WHILE STUDENT TEACHING?

****Please make sure your addresses are updated in Banner****

ACADEMIC INFORMATION

MAJOR _____

NAME OF
ADVISOR _____

My signature indicates that I give Plymouth State University permission to use any of my course work relative to teacher certification for accreditation and state program approval processes. It is my understanding that Plymouth State University will not include my name on the work samples. I have read and understand the Road to Teacher Certification and have been informed of all requirements. I understand that the deadlines for these requirements to student teach are my responsibility and failure to meet these deadlines will impede my progress towards a student teaching placement being facilitated.

APPLICANT SIGNATURE IS REQUIRED

DATE

*This form should be returned to the Office of Teacher Certification, Plymouth State University,
Speare 220, MSC 41A, Plymouth, NH 03264 (603) 535-2224*