

APPLICATION TO STUDENT TEACHING

Semester and Year to Student Teach _____

Please type or print all information.

<u>APPLICANT INFORMATION</u>		
NAME _____	_____	_____
Last	First	M.I.
STUDENT ID # _____	DATE OF BIRTH _____	_____
		mm/dd/yyyy
HUB SUITE _____	PHONE/CELL PHONE _____	_____
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		

<u>ACADEMIC INFORMATION</u>
MAJOR _____
NAME OF ADVISOR _____

<u>SPECIAL EDUCATION</u>
ARE YOU PLANNING ON BEING CERTIFIED IN GENERAL SPECIAL EDUCATION K-12? YES _____ NO _____ (Childhood Studies and Early Childhood Studies majors only)
<i>**Please note: Student teachers with the General Special Education Certification Option will be placed in selected schools. These schools are listed on the Placement Information Sheet.</i>

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.	
_____	_____
Signature	Date

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 215, MSC 41A, Plymouth, NH 03264*