



*Off-Campus Student Teaching Application*

Name \_\_\_\_\_

Student ID/SSN # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Request to Student Teach (requires faculty approval): *Circle*      Fall      Spring      Summer      Year \_\_\_\_\_

Phase III Mild-Moderate or Moderate Severe Student Teaching (full-semester, all day)	Preferred County/Grade Level	
<b>EDS 472 Mild-Moderate</b> (6 units) (will not be approved unless all Level I coursework is complete prior to or concurrently with Phase III student teaching)	_____	Grade Preference (circle)  K-3   4-6   7-8   9-12
	1 <sup>st</sup> Choice County	
<b>EDS 412 Moderate-Severe</b> (6 units) (will not be approved unless all Level I coursework is complete prior to or concurrently with Phase III student teaching)	_____	Grade Preference (circle)  K-3   4-6   7-8   9-12
	1 <sup>st</sup> Choice County	
	_____	
	2 <sup>nd</sup> Choice County	

**\*If you need assistance being placed in a classroom, please check here:** \_\_\_\_\_

*If you are requesting to do your student teaching in your own classroom, please complete the following:*

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Principal: \_\_\_\_\_

Students teaching in their own classroom must obtain a letter from an administrator (see "Instructions for Letter of Support" document)

*Advisor's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**\*\*\*\*\*Special Note: This application will not be accepted without an advisor's signature and an attached copy of a current Program Advisement Sheet.\*\*\*\*\***