
APPLICATION FOR ADMISSION TO EDUC 509 RECERTIFICATION STUDENT TEACHING

*This application is due two (2) weeks before the recertification student teaching semester.
It may be submitted up to six months prior to the student teaching semester.*

PERSONAL INFORMATION

Name _____
(Last) (First) (Maiden)

PSC Student ID Number _____

E-mail address _____

Telephone ____/_____

Address _____
(Street, P.O. Box, Apartment #)

(City) (State) (Zip)

List in the space below the dates you plan to accomplish this experience.
Then add the other information so that the Director of Field Experiences may
arrange the placement. Note that this student teaching experience is to be
done after completion of the required twelve hours of coursework.

COMPLETE THE FOLLOWING

Beginning date _____ Ending date _____

School Building/District Preferences (Note placement restrictions on page 8
in Recertification Handbook)

1. _____
2. _____
3. _____

Grade Preference
_____ Lower Elementary
_____ Upper Elementary
_____ Middle Grades
_____ High School

Subject (Middle or Secondary School) _____