

APPLICATION FOR STUDENT TEACHING

Illinois State University Office of Clinical Experiences 56 DeGarmo Hall - CB 5440 Normal, IL 61790-5440 309/438-5416	Last Name	University ID
	Major	email @ilstu.edu

I. Completed by Student

Last Name	First	Middle/Maiden	Maj. GPA	Cum GPA
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Teaching Major	Minor	SED only: Area SED
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Middle School Endorsement	Semester of Student Teaching	Year Student Teaching
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YES NO FALL SPRING

Local Address: Street , Apt.#, City, State, Zip

Home Address: Street , Apt.#, City, State, Zip

Alternate residential locations while Student Teaching (relatives, friends)

Local Telephone # Home Phone #

High School Attended City/State

Suggested Locations	a	b	c	d
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****Final Placement decisions determined by your major Education Department**

Do you have family or personal friends attending or employed by a district/school of cooperative? YES NO

If YES, where?

Have you previously participated in a student teaching experience? YES NO Where?

Classification (check one) Undergraduate Graduate Second Bachelor

I have read, signed, and turned in the Student Teaching Agreement Form for Illinois State University. YES NO

***Final decision regarding placement site rests with your major department.**

Student's Signature Date

II. Completed by Clinical Experiences Office
