



For Office Use
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Letter Sent _____
Completed _____ (Forms A, S, V)

**School of Education**  
 1200 Murchison Road  
 Fayetteville, NC 28301  
 910.672.1587 910.672.1588 Fax

**STUDENT TEACHING APPLICATION**

*Key in information* **Date** \_\_\_\_\_

**PERSONAL INFORMATION**

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_  
*Last First M/Maiden*

**Current Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
*Street, City, State, Zip Code*

**Permanent Address** \_\_\_\_\_  
*Street, City, State, Zip Code*

**Email** \_\_\_\_\_ **BANNER #** \_\_\_\_\_ **Phone** \_\_\_\_\_

**ADDITIONAL INFORMATION** *Check appropriate answer:*

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a teaching license suspended or revoked?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been asked to resign from a position of employment?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of violations of law other than a minor traffic ticket? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have criminal charges or procedures pending?                                  |

*If your answer to any of the above questions is yes, explain on a separate page and attach.*

**DISCLAIMER STATEMENT:**

Participation in any field experience is dependant upon your acceptance by the appropriate city or county school system. Fayetteville State University does not make the final determination of your fitness for placement in an individual school. You should also be aware that individual schools or school systems may require a criminal background check at your expense.

**I have read and understand the above statement.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**DEPARTMENT INFORMATION**

(To be completed by Department Chair)

**GPA** \_\_\_\_\_ **Expected date of Graduation** \_\_\_\_\_

This student:

- . has been admitted to Teacher Education \_\_\_\_\_ (*Semester/year*)
- . has completed all general education courses
- . has completed departmental and/or specialty area requirements
- . is recommended for student teaching

<b>Yes</b>	<b>*No</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Note any exceptions to the above statements.**

**APPLICANT’S RELEASE FOR AFFIRMATION**

(Initial each statement)

- I understand no assignment is official until written notification is received from the Office of Teacher Education.
- I understand assignments are made in accordance with needs of the school system.
- I understand any false information, misrepresentation, and or any required information omitted will be sufficient grounds for dismissal from student teaching.

**Frequently**, we receive requests from school systems for names and addresses of teacher candidate. Do you wish your name to be released for such inquiries?  Yes  No

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**LICENSURE AREA:** Bachelor’s  Licensure Only

- ELEMENTARY K-6 (PATH)  BIRTH-KINDERGARTEN
- MIDDLE GRADES (6-9) SUBJECT AREA(S) \_\_\_\_\_
- SECONDARY GRADES (9-12) SUBJECT AREA(S) \_\_\_\_\_
- SPECIAL SUBJECTS (K-12) SUBJECT AREA(S) \_\_\_\_\_
- SPECIAL EDUCATION GENERAL CURRICULUM

**UNIVERSITY-SCHOOL PARTNERSHIPS:**

There are **ten** local educational agencies (LEAs) included in FSU University-School Partnership. They are ***Bladen, Columbus***, (including ***Whiteville City***), ***Cumberland*** (including ***Fort Bragg***), ***Harnett, Hoke, Johnston, Lee, Robeson, Sampson***, and ***Scotland*** Counties.

Indicate a **first** and **second** choice for student teaching placement from the LEA’s listed. **This does not guarantee any particular placement**, only that your preference will be considered.

1. LEA \_\_\_\_\_

List 3 schools in order of preference

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. LEA \_\_\_\_\_

List 3 schools in order of preference

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Are you related to anyone employed at the site your requested?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a child or children at the site you requested?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed at the site you requested?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered *yes* to any question above, provide an explanation below.**

## APPLICANT ESSAY QUESTIONS

Respond to the statement below and **two** of the four questions. Provide a one page answer to each question. *Use a 12-pt font and single spacing, double spacing between paragraphs.*

Give a brief autobiographical sketch of yourself as an educator, highlighting significant experiences relevant to your career decision to become a teacher.

*Select two of the following:*

1. How would your classroom reflect increased demands for accountability in math, reading, and writing? What plans would you put in place to meet the needs of students not achieving at grade level?
2. Choose a current issue in education and discuss your views and show how these views are reflected in your teaching?
3. Describe strategies you will use to strengthen parental involvement in the education of your students?
4. Discuss qualities and skills that will enable you to reach and teach diverse student populations successfully?

### ***Teacher Education Committee Approval***

Director of Teacher Education \_\_\_\_\_ Date \_\_\_\_\_

School Assignment \_\_\_\_\_ Dates \_\_\_\_\_

Partnership Teacher \_\_\_\_\_ Grade/Subject \_\_\_\_\_

**Submit (2) copies of this application and an official audit to your Department Chair**