



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

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

**STUDENT TEACHING APPLICATION  
 IN PROFESSIONAL DEVELOPMENT SCHOOLS (PDS)**

*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*

**Banner ID** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>No</b>                | <b>Yes</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

**Yes**

**\*No**

  
  
  

  
  
  


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

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

**STUDENT TEACHING PLACEMENT INFORMATION**

**LICENSURE AREA:**    **ELEMENTARY (K-6)** Bachelor's                   Licensure Only

**ASSIGNED SITE FOR METHOD CLASSES:**

*Grade Level* \_\_\_\_\_                  Year-round    *Yes* \_\_\_\_\_                  *No* \_\_\_\_\_

**Cumberland County Schools** \_\_\_\_\_  
*Name of School*

**Hoke County Schools** \_\_\_\_\_  
*Name of School*

**Sampson County Schools** \_\_\_\_\_  
*Name of School*

**Clinton County Schools** \_\_\_\_\_  
*Name of School*

**Fort Bragg Schools** \_\_\_\_\_  
*Name of School*

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| Are you related to anyone employed at the site you 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'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 \_\_\_\_\_

**APPLICANT'S ESSAY QUESTIONS**

The following information will be shared with partnership sites as one of the means of getting better acquainted with you. **#2three**

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

*Provide a one-page answer to each of the following questions. Use a 12-pt font and single space, double space between paragraphs.*

1. How will you be of benefit to the school and the classroom to which you have been assigned?
2. What aspect of teaching do you think will be most difficult for you? Why?
3. How do you think the internship experience will benefit you?

<b><i>Teacher Education Committee Approval</i></b>	
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**