

## Application for Permission to Student Teach

**Instructions:** Return this application Connie Surowicz, Blair Hall Room 218 by, [REDACTED]. Your application will be submitted for approval to the Education Department (and major department, if secondary) the semester **before** you are scheduled to student teach.

### Personal Information:

Name: \_\_\_\_\_ Projected Student Teaching Semester/Year: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Advisor (include minor, if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Expected term of completion: \_\_\_\_\_  
Personal: \_\_\_\_\_

Do you have a bachelor's degree? \_\_\_\_\_

### Licensure Sought:

Early Childhood (P-5)

NO      YES      IF YES, YEAR RECEIVED: \_\_\_\_\_

Will you have dependable transportation during your student teaching placement? \_\_\_\_\_

Intervention Specialist (K-12)

Adolescent-Young Adult (7-12)

YES

NO

NOT SURE

Major: \_\_\_\_\_

Not sure, please explain: \_\_\_\_\_

Multi-Age (P-12)

Visual Art