Application for Student Teaching: 4-8

Return this form to the Certification Office by the posted deadline. Be sure your certification file contains:
(1) Up-to-date certification plan. (2) Up-to-date degree plan (or deficiency plan). (3) Transcripts for all credits transferred to UTPB.

Applying for ❑Fall ❑ Spring **Classification**: ❑ Undergraduate ❑ Post-Baccalaureate

Name: _____ **Student UID #**: _____

Address: _____ City _____ State _____ ZIP _____

Phone: (H) _____ (W) _____ **E-mail:** _____

Specialization: _____ Supplements: (if any): ❑ Bilingual ❑ ESL ❑ Special Education

Campuses where you did Field Placements: _____

First and second choice for placement: ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

Preferred Location: ❑ Odessa ❑ Midland ❑ Other (specify): _____

Overall GPA (UTPB and transfer grades): _____ **Date Admitted to "Regular Status" in Program:** _____

Education (except endorsement courses)			**Academic Major or Specialization**			**2nd Specialization** (if any)		
Course	**Hours**	**Grade**	**Course**	**Hours**	**Grade**	**Course**	**Hours**	**Grade**
GPA			**GPA**			**GPA**		

Courses currently enrolled in: _____

Courses still to be completed: _____

APPLICANT'S STATEMENT

I certify that all information provided in this application is correct. If approved for student teaching, I agree to accept and follow the rules, regulations, and guidelines of the schools in which I am placed. I am aware that I may be required to pass a drug test in order to student teach, and must pass my content-area TExES and meet all other eligibility requirements in order to be admitted.

Student's Signature: _____ *Date:* _____

Major advisor's recommendation: Accept Provisional Deny Signature: _____

Comments: _____

Cert. advisor's recommendation: Accept Provisional Deny Signature: _____

Comments: _____

Revised 02/06/2006