NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

CENTER FOR INTERNSHIPS & PROFESSIONAL DEVELOPMENT

STUDENT TEACHER APPLICATION

SECTION A: CANDIDATE INFORMATION

Last Name:	First Name	Middle Initial	Maiden Name

BANNER Identification Number:

Local Address:	City:	State:	Zip:
Permanent Address:	City:	State:	Zip:
Phone:	Cell Phone:		

Email Address:

Have you ever been convicted of a felony or crime other than a minor traffic accident? ____Yes ___ No (Check one)

If yes, please explain:

Have you been formally admitted to the Teacher Education Program? _____Yes _____No

Semester and year you are applying to Student Teach: □Fall □Spring Semester, 20_____

- Licensure Area (s) and/or Grade Level (s): _____ Classification: _____
- Means of Transportation_____
- Date of Formal Admission to the Teacher Education Program:_____

IMPORTANT:

- ***If you have lived in North Carolina for the past 7 years***, please complete and attach the Guilford County Schools (GCS) Release of Information Form.
- ***If you have lived outside of North Carolina within the past 7 years***, please complete the Guilford County Schools Consumer Reports Release/Order Form and the B.I.B. Inc. Credit Card Charge Approval Form and send both forms along with a photo copy of your Drivers License to: B.I.B., 9710 Northcross Ctr. Huntersville, NC 28078. Fax: 1-704-439-3901

List all courses remaining in your program (including present semester) to complete your degree and/or certificate:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Estimated Mileage One Way from the Location of Internship Site to home address:

Where did you complete your field experiences in the following course levels: CUIN 301

CUIN 400	Methods Class

I expect to receive a _____degree at the end of the _____ Semester, 20_____

Have you had any teaching experience? _____Yes _____No Type of experiences:

Where: Length of time:

My preference for placement is:

Reason for preference:

Attach a copy of your Praxis II Score Sheets, (if applicable) and the Piedmont Alliance Form.

I have carefully read this application as well as materials concerning Student Teaching and the Teacher Education Program. I also understand my responsibilities related to admission and completion of the Student Teaching Program. The information given in this application is true and correct.

Date: _____, 20_____

_____
Signature of Applicant

SECTION B: THIS SECTION MUST BE COMPLETED BY THE FACULTY ADVISOR AND CHAIRPERSON OF THE APPLICANT'S ACADEMIC DEPARTMENT AND/OR LICENSURE AREA.

Check whether or not you have reviewed the applicant's file with the following information:

		Faculty		Advisor	Chairperson
		YES	NO	YES	NO
1.	Formal Admission to Teacher Education Program				
2.	Minimum required cumulative GPA				
3.	Completion of appropriate required major courses				
4.	Completion of appropriate required professional Education courses				
5.	Completion of appropriate required Praxis II Test				

RECOMMENDATION:

Faculty Advisor

_____Recommended _____Not Recommended (Please Specify)

COMMENTS:

_____

_____

_____

_____ _____

Signature Date

Department Chairperson

_____Recommended _____Not Recommended (Please Specify)

COMMENTS:

_____

_____

_____

_____ _____

Signature Date

Please submit your Application to: Center for Internships & Professional Development NEB- Room 125
North Carolina Agricultural & Technical State University, Greensboro, North Carolina 27411