# APPLICATION FORM FOR STUDENT TEACHING /CLINICAL PRACTICE

## UNIVERSITY OF NEBRASKA AT KEARNEY

### Fall       (Year) Spring       (Year)

**STUDENT INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N****ame** |  | | | | | | | | | | |  | | |  | |  | | | | | | NU ID# | |  | |
|  | *Last First MI (Maiden)* | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| **Preferred Pronouns** | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Local Address** | | | | |  | | | | | | | | |  | | | |  | |  | | | **Phone** | |  | |
|  | | | *Address* | | | | | | | | | | | *City* | | | | *State* | | *Zip* | | |  | |  | |
| **P****ermanent Address** | | | | | | | |  | | | | | |  | | | |  | |  | | | **Phone** | |  | |
|  | | | | | | *Address* | | | | | | | | *City* | | | | *State* | | *Zip* | | |  | |  | |
| **UNK Email address** | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | |  | | | | | |  | |
| **H****igh School Graduate of** | | | | | | | | | | **Year** | | | | | | | | | Catalog date | | | | | |  | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| **E****ndorsement(s)** | | | |  | | | | | | | | | | | | | Grade Level | | | |  | | | |
|  | | | |  | | | | | | | | | | | | | **Grade Level** | | | |  | | | |
|  | | | |  | | | | | | | | | | | | | **Grade Level** | | | |  | | | |
| **Advisor 1** | |  | | | | | | | | | | | **Advisor 2** | | |  | | | | | | | |

**ASSIGNMENT PREFERENCE:**

|  |  |
| --- | --- |
| List Preferred School Districts | |
| Fall Semester, ­­­ | | Spring Semester, | | | 1. |
|  | 16 weeks |  | 16 weeks | | 2. | |
|  | 20 weeks |  | 20 weeks | | 3. | |
|  | ***Optional:***  ELEMENTARY ED/ECI ONLY: | | | **Grade level preferred** | **PK  K-1  2-3  4, 5, 6** | |

**STUDENT SIGNATURE:**

###### I will have met all the requirements established by my department(s) for admission to Student Teaching prior to my placement. I agree to abide by all the rules and regulations set forth by the College of Education regarding student teaching placement procedures as outlined in this application packet, which includes sharing transcripts with schools and supervisors.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**NOTE: Student teachers may not enroll for additional classes without prior written consent from the Director of Field Experiences. If you are enrolled in another class while student teaching, you may be asked to drop the additional class.**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**APPROVAL OF ADVISOR(S):**

I verify that all requirements established by the department for admission to student teaching will be met at the end of this semester or arrangements have been made with the Director of Field Experiences.

Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students: Deliver in person or mail your completed application to Educator Certification Office, COE C128. Applications are due:

FIRST TUESDAY OF FEBRUARY FOR FALL PLACEMENTS

**FIRST TUESDAY OF SEPTEMBER FOR SPRING PLACEMENTS**

3/23/2021