APPLICATION FOR STUDENT TEACHING/CLINICAL PRACTICE
UNIVERSITY OF NEBRASKA AT KEARNEY

Fall ______  Spring ______

STUDENT INFORMATION:
Name ___________________________ NU ID# ____________________________
Last                                                    First                                                    MI
(Maiden)                                                    Phone
Local Address
Address                                                    City                                                    State                                                    Zip
Phone
Permanent Address
Address                                                    City                                                    State                                                    Zip
UNK Email address ____________________________________________
High School Graduate of ___________________________ Year ________________ Catalog date ____________
Endorsement(s) __________________________________________
Grade Level
Grade Level
Grade Level
Advisor 1 ________________________________________ Advisor 2 ________________________________________

ASSIGNMENT PREFERENCE:
Fall Semester, Spring Semester, List Preferred School Districts
☐ 16 weeks ☐ 16 weeks 1.
☐ 20 weeks ☐ 20 weeks 2.
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.

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

2/16/2017
# Personal Data Sheet

Graduation date:  
- Fall  
- Spring  
Cumulative GPA: 

<table>
<thead>
<tr>
<th>Name:</th>
<th>NU ID#:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Local Address:</th>
<th>Local Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Parents or next of kin (emergency):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Street</th>
<th>City</th>
<th>State, Zip</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Second emergency contact:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Street</th>
<th>City</th>
<th>State, Zip</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Endorsement areas:**

<table>
<thead>
<tr>
<th>UNK email address:</th>
<th>High School:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Essay Questions

**DO NOT use the tab key in this section!**

Briefly describe your experiences with children and/or teens in and out of the school environment. Include any experiences with diverse populations.

Briefly describe your competencies in technology.
What do you feel are the most important components in a successful classroom?

List any honors, organizations, or extra-curricular activities during college and high school.

List previous work experiences, including volunteer opportunities.

What do you hope to gain from your student teaching/clinical practice experience?

I understand that a copy of this information, along with a copy of my transcripts, will be sent to the appropriate school administrator where I am seeking placement, my cooperating teacher, and my university supervisor.

_________________________  _________________________
Student Signature                  Date