**WILLIAM PATERSON UNIVERSITY**

**OFFICE OF FIELD EXPERIENCES**

**APPLICATION FOR STUDENT TEACHING**

# (PLEASE PRINT OR TYPE) Date of Application   /  /

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| **WPU Banner #:** |  | **WPU Email:** | @wpunj.edu | **Female**  **Male** |

**Academic Major**       **Semester Requested: Fall**  **Spring**  **Year \_\_\_\_\_\_\_\_\_\_**

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| **Last Name** |  | |  | **First Name** |  | **MI** |  |
| **Permanent Address** ***(street):*** | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ***(City)*** |  |  | ***(State)*** |  |  | ***(Zip Code)*** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Temporary/Campus Address*(street):*** | |  | | | | | | |
| ***(City)*** |  | |  | ***(State)*** |  |  | ***(Zip Code)*** |  |

### Home Telephone (     )    -      Business Telephone (     )    -      Cell Phone (     )    -

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| --- | --- | --- | --- | --- | --- |
| **GPA** |  | **Total Credits Earned** |  | **High School Attended** |  |

**Living at permanent**  **or temporary**  **address during student teaching semester.**

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| --- | --- |
| **Date/Location and Type of Practicum:** |  |

**Do you have an affiliation with any school district? Have you been or are you presently a substitute, aide or board member (or related to any of the above)? Do you have children attending a school in the district? Do you have relatives employed there? Have you been or are you presently employed there yourself? Yes**  **NO**

**If your answer is “YES” to any of these questions, please state the school district or districts and your affiliation:**

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**Do you have any health conditions that could affect your performance in Practicum or Student Teaching?**

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**Please check program in which you are enrolled: Dual**

**Undergrad  Early Childhood Education (P-3)**  **Early Childhood/Elem (P-3/K-5)**

**Post-bac  Elementary Education (K-5)**  **Elem/Middle School (K-5/5-8)** **M.A.T  Music: Instrumental**  **Vocal**  **Content Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Guest  Physical Education Health Endorsement? Yes**  **No** **Elem/Special Education (K-5/TSD)**

**In-service Secondary Education (K-12)  Elem/Middle School/SPED (K-5/5-8/TSD)**

**Academic Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Content Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nursing  K-12/Special Education (K-12/TSD)** **Academic Major: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bilingual Endorsement**

**If you are an elementary education student and desire to teach middle school, please specify subject(s) of interest:**

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**If you are a physical education or art student, your placement will be split for the semester into one of the following combinations: Please check one combination:**  **elementary & middle school,**  **elementary & high school.**

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| **If you are a special education student please specify classification & setting desired or write none:** |  |

**Check Grade Preference\*:**

**1st Preference:**  ***Primary-3*** ***Elementary K-3***  ***Intermediate 4-6***  ***Middle School/Junior High***  ***High School***

**2nd Preference:  *Primary-3 Elementary K-3  Intermediate 4-6  Middle School/Junior High  High School***

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| --- | --- | --- | --- | --- |
| **District Preferences\*:** |  |  | ***Reason:*** |  |
|  |  |  | ***Reason:*** |  |
|  |  |  | ***Reason:*** |  |

***\*Please note that while the Office of Field Experiences is interested in your preferences, it cannot guarantee that you will be placed where you would like to student teach.***

**What mode of transportation do you plan to use?(Check One) My own transportation**  **Public transportation**  **Car pool**

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| --- | --- |
| **(If car pool is checked please include names and majors others in pool.)** |  |
| **CHECKLIST (please attach): Four copies of Biographical Data Form:**  **Substitute License:**  **Copy of Mantoux (*TB*) Test:** | |

By signing this application, I certify the information supplied in this application is complete & accurate & indicates an understanding of the requirements for a student teaching assignment as listed in the W.P.U. - O.F.E. College of Education Policies & Procedures. Additionally, my signature documents my understanding of adherence to deadlines and that it is solely my responsibility to keep the Office of Field Experiences informed of any & all changes in my address, email, & phone numbers. Failure to do so may result in delays in processing my application or in not receiving a field experience placement. **Passing PRAXIS scores for each Major area are required to student teach. Passing PRAXIS score for each major must be provided to the Office of Certification by August 1st for the fall semester and January 1st for the spring semester. Failure to submit passing PRAXIS scores will postpone your student teaching to the following semester when passing PRAXIS scores are submitted by the appropriate date.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:   /  /**

**ADVISOR VERIFICATION FORM**

**Please review the application for completeness.**

**Did the student: YES NO**

**Date the application?**

**Legibly WPU email address?**

**Residence: Campus or home?**

**List any district affiliations?**

**Mark appropriate certification program of enrollment?**

**Attach four copies of biographical data form?**

**Attach copy of substitute license?**

**Attach copy of current & valid Mantoux (Tb) test?**

**Sign the application?**

**All Teacher Education Candidates: Submit all  
passing PRAXIS test results for each certification area**

# Utilizing COE Checklist, please ensure the following: YES NO

**Student has taken and passed all assessments – speech, hearing and writing**

**Student has been admitted into the education major**

**Student has completed all major & general education elective courses**

**Student has a cumulative GPA of at least 2.75 and an Education GPA of 3.0.**  **Please list GPA:**

**Student has completed and passed all education pre-requisites**

**Student was reminded to take and pass all appropriate PRAXIS test    
according to certification and submit passing scores to the Office of   
Certification by August 1st for student teaching during the fall semester and   
January 1st for the spring semester.**

**If ‘NO’ is checked for any of the above, by signing this application, the advisor acknowledges the student has been advised of the requirements. The student has also been advised that passing PRAXIS scores for each certification area must be submitted to the Office of Certification by August 1st for the fall semester and Januay1st for the spring semester, a substitute license and valid mantoux (Tb) test are required for this field experience. Please write such advisement below and have student initial.**

## Advisor Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.O.E. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please write advisement comments in the space provided:**

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**\_\_\_\_\_\_\_\_Student initials**

**http://www.wpunj.edu/coe/Departments/OFE/ofehome.htm**

FOR O.F.E. USE ONLY

**RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**