

# CATAWBA COLLEGE

## “Preparing Teachers as Reflective Practitioners” APPLICATION FOR ADMISSION TO STUDENT TEACHING

Section 1. (To be completed by student)

Name in full \_\_\_\_\_ Catawba ID Number \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Campus e-mail \_\_\_\_\_ Permanent (non-Catawba) email \_\_\_\_\_

Expected graduation/completion date \_\_\_\_\_ During which semester would you prefer to student teach? \_\_\_\_\_

Major/Teaching field \_\_\_\_\_

Have you ever been convicted of a felony or crimes other than minor traffic offenses? Yes [ ] No [ ]

\_\_\_\_\_ I understand that my Catawba College student discipline file will be reviewed as part of the application process to student teaching and that this file will be reviewed prior to any recommendation for teaching license or employment.

\_\_\_\_\_ I understand that I must take the designated licensure exam(s) prior to admission to student teaching. I understand I may be denied if the designated licensure exam(s) is (are) not passed prior to admission to student teaching.

\_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Complete all information above this line and return it to the Teacher Education office by **February 28** of your junior year.

Section 2. (To be completed by advisor)

I \_\_\_\_\_ recommend with no reservations \_\_\_\_\_ that the above student complete a program of preparation for the teaching profession in \_\_\_\_\_

\_\_\_\_\_ recommend with some reservations

\_\_\_\_\_ do not recommend

Area for student teaching \_\_\_\_\_

Comments:

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

Department \_\_\_\_\_

Section 3. (For office use only)

A maximum of one D in professional sequence \_\_\_\_\_

\_\_\_\_\_ Grade Point Average

\_\_\_\_\_ Total semester hours

\_\_\_\_\_ Date

### LICENSURE EXAM(S) REQUIRED

Birth-Kindergarten – no test required for licensure (5022 for HQ)

Elementary – General Curriculum

Middle School – Content test(s) for area of licensure

Secondary Subjects – Content test for area of licensure

Special Subjects – Content test for area of licensure (no test Theatre)

Special Education – All Concentrations – General Curriculum

Test Required \_\_\_\_\_ Test Score \_\_\_\_\_ Score Required \_\_\_\_\_ P/F \_\_\_\_\_ Date Taken \_\_\_\_\_

Section 4. ACTION OF TEACHER EDUCATION COUNCIL

\_\_\_\_\_ Approved

\_\_\_\_\_ Approved with restrictions+ \_\_\_\_\_ Signature, Chair, Department of Teacher Education \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Denied+ \_\_\_\_\_ +Comments \_\_\_\_\_

Section 5. (For office use only)

\_\_\_\_\_ ASTE \_\_\_\_\_ STTE