

**Northwest Missouri State University  
College of Education and Human Services  
Office of Educational Field Experiences**

**APPLICATION FOR STUDENT TEACHING**

**NOTE: Please attach a current résumé and a listing of courses in your academic major and grades received for those courses.**

Present Date \_\_\_\_\_

Name \_\_\_\_\_  
(last) (first) (middle initial)

Local Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Local Phone \_\_\_\_\_ 919# \_\_\_\_\_

Permanent Address \_\_\_\_\_ Permanent Phone \_\_\_\_\_

\_\_\_\_\_ (city) (state) (zip)

**Please list clinical experience you have completed:**

Course Name	Course Number	School	Grade Level	Date

**Credit Academic Hours Requesting**

- Hours:
- \_\_\_ 61-470 Directed Tchg. Elementary-Secondary
  - \_\_\_ 61-471 Directed Tchg. Elementary School
  - \_\_\_ 61-473 Directed Tchg. Early Childhood
  - \_\_\_ 61-472 Directed Tchg. Secondary School
  - \_\_\_ 61-474 Directed Tchg. Middle School
  - \_\_\_ 61-690 Internship in Secondary Teaching
  - \_\_\_ 61-480 Directed Tchg. Early Childhd Spec Ed
  - \_\_\_ 61-481 Directed Tchg. Cross Categorical Sp. Ed.: Elementary
  - \_\_\_ 61-482 Directed Tchg. Cross Categorical Sp. Ed.: Secondary
  - \_\_\_ 15-490 FACS Sec. Ed.
  - \_\_\_ **TOTAL HOURS**

**I am Requesting**

- Elementary  K-12  Middle School
- Secondary  GIST
- Date of Student Teaching Requested \_\_\_\_\_  
(year)
- Fall  Spring
- Preferred Student Teaching Level (s)  
 PK  K  1  2  3  
 4  5  6  7
- Middle School  Senior High
- Planned Graduation Date \_\_\_\_\_

**Academic Pursuits**

Major \_\_\_\_\_ Minor \_\_\_\_\_

Area of Certification \_\_\_\_\_

**Insurance Coverage**

I understand that Northwest Missouri State University does not provide me with any insurance coverage and that therefore I am responsible for my own health, accident, disability, and hospitalization insurance to cover me during my student teaching. I assume full responsibility for any physical or emotional problems I have that might impair my ability to complete the experience, and I release Northwest Missouri State University and its employees from any liability for injury to myself or damage to or loss of property.

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**General Release**

I acknowledge and agree that the student teaching site and use of any and all of its facilities shall be undertaken by me at my own sole risk and that Northwest Missouri State University shall not be liable for any and all claims, demands, actions, or causes of actions, whatsoever for injury to me or damage to property arising out of or connected with student teaching and with the use of any and all services, or facilities associated with student teaching. I do hereby expressly forever release and discharge Northwest Missouri State University and its past, present and future Board of Regents, officers, employees, faculty, students, or agents and its successors and assigns from any and all claims, demands, actions, or causes of action, for any and all injuries to me or damages to property arising from or related to any and all acts of those released.

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

**Note: All student teachers must enroll for credit hours in student teaching as they would for any course. Unless this is completed prior to student teaching, no credit will be received. If for any reason you find you will be unable to student teach in the trimester for which you are scheduled, you must immediately notify the field experiences office at (660) 562-1231.**

**APPROVAL ROUTE:**

Items below **MUST** have approval of indicated official in the order listed.

**1. REGISTRAR:**

Approved     Not Approved

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

This signature verifies that the student teacher has achieved a 2.5 GPA in all courses, major teaching field and professional education courses.

Reason for non-approval: \_\_\_\_\_  
\_\_\_\_\_

**2. MAJOR ADVISOR:**

Approved     Not Approved

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

This signature verifies that the student teacher has completed a senior statement and **all prerequisites** required by the major for student teaching up to this date.

**3. MINOR ADVISOR OR AREA OF CONCENTRATION:**

Approved     Not Approved

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

This signature verifies that the student teacher has completed all prerequisites required by the minor for student teaching up to this date.

**4. TESS COORDINATOR: PRE-STUDENT TEACHING:**

Approved     Not Approved

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

Admittance to Teacher Education **insures** that a student has been admitted to the professional education program.

**5. DIRECTOR OF EDUCATIONAL FIELD EXPERIENCES:**

Approved     Not Approved

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

This signature verifies that all above required criteria have been met and placement can proceed.