## Albany State University APPLICATION FOR STUDENT TEACHING

Name:
RAM ID: Local Street Address:
City, State, Zip:
Phone (include area code):
ASU Student Email:
Program: Concentration(s):
Prior Practicum Experience Placements

Practicum 1	Practicum II	Practicum III	
County:	County:	County:	
School:	School:	School:	
Grade/Content:	Grade/Content:	Grade/Content:	
Teacher:	Teacher:	Teacher:	

**Preferred Placement:** Indicate your **preferred** city/town, grades, and subjects. Although ASU **cannot** guarantee that your preferences will be met due to state and national guidelines, we will use these as a guide in making placements.

Placement Preference	Preferred City/Town	Preferred Grade	Preferred Subject

All applicants should have completed the state-required background check for field experiences. If you have not, you must complete the process prior to submitting the student teaching application.

(**ASU Main Campus Students**) If you plan to student teach away from your home campus, have you completed the Request to Student Teach Away from Home Campus Form? If not, email Dr. Carolyn Medlock.

Please be advised that requests are not always granted.

If you have a relative who is a teacher, administrator, or school board member in any of the three towns that you have chosen, list their names, schools or districts, and positions. You SHOULD NOT student teach in a school where a relative works or where a sibling or child attends school. Failure to disclose such information could result in being removed from student teaching.

Name of Relative:				
Name of School:				
Position:				
Name of Relative:				
Name of School:				
Position:				
Name of Relative:				
Name of School:				
Position:				
BEGINNING SCHOOL EXPERIENCE (BSE): Have you completed your Beginning School Experier	nce?	Yes	No	
f so, where did you complete your BSE?			Semester:	
GACE: Have you passed the GACE Content Exam?	⁄es	No		
f not, when do you plan to take the GACE again?				
You must provide digital proof of your GACE sco to student teach without passing GACE.	res to with yo	our applicati	ion. You will not be permit	:ed
By signing below, I certify that the information I h of my knowledge, and I agree to comply with the University.	-			
Signature			 Date	