

**ST. CLOUD STATE UNIVERSITY
STUDENT TEACHING APPLICATION**

OFFICE OF CLINICAL EXPERIENCES, EB B120

**REQUIREMENT FOR SPECIAL EDUCATION STUDENTS
ELIGIBILITY STATEMENT FOR GRADUATE AND UNDERGRADUATE STUDENTS**

Student's Statement:

Printed Name Date

SCSU Tech ID # _____ Phone #: _____

Semester and year of student teaching: _____

Licensure for your student teaching: _____

Doing student teaching as an Undergraduate _____ or as a Graduate student _____ ? (Mark one)

This is my initial license? Yes or No

Passed PPST/MTLE: Math Yes or No – Writing Yes or No – Reading Yes or No

I am responsible for meeting the OCE posted eligibility deadlines or I won't receive a student teaching placement. I have read all the information on the OCE website and am aware of my responsibilities. Should I change my student teaching plans or be unable to meet eligibility requirements, I will notify the Office of Clinical Experiences at once.

I am aware that student teaching is a full-time commitment and that SCSU discourages student teachers from taking other classes or being employed while student teaching.

I understand that this information will be shared with student teaching sites and SCSU personnel as part of the placement process and that I am not guaranteed a placement of my preference.

Signature Date

I understand that if I have ever been convicted of a felony (anywhere) or a pattern of lesser offenses, I may not meet the criteria to obtain a Minnesota teaching license.

Signature Date

For further information concerning prior felony convictions and how they apply to licensure, please make an appointment to meet with the Director of the Office of Clinical Experiences, EB B-120, (320) 308-4783.

Students are responsible for the accuracy of the information on this form.

For Office of Clinical Experience use
Liability Insurance Proof submitted _____