CONCORDIA UNIVERSITY

NEBRASKA

Application for Admission to Student Teaching

Name _____   J # _____
　　　　　First　　　　　　　　　　　　　　　　Last

Home address _____
　　　　　　　　　　Street　　　　　　　　City　　　　State　　　　Zip Code

Marital 　□　Single　　　　　　　　Housing: _____ On campus _____ Off campus

Status　　□　Engaged　　　　　　　Cell Number_____

　　　　　　　　Fiancé _____　Email _____

　　　　　　　　Wedding date _____　Graduation Date _____

　　　　　□　**Married**

1. Check ALL programs for which you are enrolled:　　　□ ELL

　　　□ Elementary Education (K-8)　　　　　　　　□ K-12 Physical Education

　　　　Concentration: _____　　　　□ K-12 Music

　　　　　　　　　_____　　　　　　□ K-12 Art

　　　□ Elementary Music Endorsement　　　　　□ Secondary (7-12)

　　　□ Middle Level　　　　　　　　　　　　Secondary majors or field

　　　□ Early Childhood (available only with Elementary)

　　　□ Special Education (available only with Elementary)　　_____

　　　□ Recertification:　　　　　　　　　　　　_____

　　　　　　□ Elementary　□ Secondary

　　　□ Added Endorsement_____

　　　Present Endorsement _____

2. Preference of teaching quarter for Student Teaching 　___Quarter I 　___Quarter II 　___Quarter III 　___ Quarter IV

3. Car Available?　　□ Yes □ No

4. Classification　　□ Lutheran Teacher Diploma　　□ General (Public School)

5. I understand I must sign a notarized felony/misdemeanor statement prior to Student Teaching I and II.

6. I understand that all criteria including passage of all segments of the Pre-Professional Skills Test (PPST) are required for full admission to the Teacher Education Program.

Signature _____ Date _____
　　　　　　　　Sign in Ink

This page is to be completed by the Student Teaching Office.

Grade Point Average (GPA)	Professional Education
Cumulative _____	Elementary _____
	Secondary _____
Endorsements	Middle Level _____
Elementary _____	**Secondary Field or Subjects:**
Early Childhood _____	_____
Middle Level _____	_____
Special Education _____	
K-12 _____	Elementary Music _____
□ PE □ Art □ Music	ELL _____

Approval for the Student Teaching Program

_____ _____
Dean of Education   Date

Student Teaching I

Semester   □ 1st   □ 2nd   School Year _____

Elementary grade taught   _____

Course number _____   Credit hours _____

School Name _____

City _____ State _____

Student Teaching I

Semester   □ 1st   □ 2nd   School Year _____

Secondary subject(s)   _____

Credit hours   _____

School name _____

City _____ State _____

Student Teaching II – Elementary

Semester   □ 1st   □ 2nd   School Year _____

Elementary grade taught   _____

Course number _____   Credit hours _____

School Name _____

City _____ State _____

Student Teaching II – EC or SPED

Semester   □ 1st   □ 2nd   School Year _____

EC or SPED taught   _____

Course number _____   Credit hours _____

School Name _____

City _____ State _____

Student Teaching II – Secondary or ML

Semester   □ 1st   □ 2nd   School Year _____

Secondary subject(s)   _____

Credit hours   _____

School Name _____

City _____ State _____

Student Teaching II – Secondary or ML (if more than one school)

Semester   □ 1st   □ 2nd   School Year _____

Secondary subject(s)   _____

Credit hours   _____

School Name _____

City _____ State _____

_____ _____
Director of Elementary Student Teaching   Date

_____ _____
Director of Secondary Student Teaching   Date

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