



# Student Teaching Application

\_\_\_\_\_ ID# 

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(Last Name) (First Name)

\_\_\_\_\_ (Apt. No.)

( Street Address )

\_\_\_\_\_ ( City ) ( State ) ( Zip ) ( Phone ) ( E-mail )

**Credential:**  Single Subject (content area \_\_\_\_\_)  Multiple Subject  Special Education

If Special Education:  Special Ed only  Combined with Multiple Subject  Combined with Single Subject

AND  Mild/Moderate  Moderate/Sever

Session you are applying to student teach: \_\_\_\_\_ Are you applying to student teach in a paid position?  Yes  No

If YES: Indicate School \_\_\_\_\_ District \_\_\_\_\_ Track \_\_\_\_\_ Grade \_\_\_\_\_

If NO: Assignment Request (Chapman cannot guarantee your preferred assignment, however, your choices will guide us in our contacts with districts.) **You must not attempt to make your own assignment arrangements. List 1<sup>st</sup> and 2<sup>nd</sup> choices for each placement.**

**Course:**  EDMU580  EDMU 582  EDMU 583 (all require MSAT, CSET or waiver)

EDSU 590  EDSU 592  EDSU 593 (all require Praxis/SSAT, CSET or waiver)

EDTU 590  EDTU 592  EDTU 593 (both require Praxis/SSAT, CSET or subject matter waiver)

### Multiple Subject Candidates

Placement K-2 1. School/District _____ Track _____ Grade _____ 2. School/District _____ Track _____ Grade _____		Placement 3-4 or 5-6 1. School/District _____ Track _____ Grade _____ 2. School/District _____ Track _____ Grade _____
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### Single Subject Candidates

1. School/District \_\_\_\_\_ Subject \_\_\_\_\_ Grade \_\_\_\_\_

2. School/District \_\_\_\_\_ Subject \_\_\_\_\_ Grade \_\_\_\_\_

### Special Education Candidates

1. School/District \_\_\_\_\_  Mild/Moderate  Moderate/Severe Grade \_\_\_\_\_

2. School/District \_\_\_\_\_  Mild/Moderate  Moderate/Severe Grade \_\_\_\_\_

In signing below I understand that before I begin I must have fully met the University and Program admission requirements, completed all required course work, have a passing score on file at the University and Center for the CBEST, MSAT, CSET or PRAXIS/SSAT or subject matter waiver document from another institution, have a current TB test on file and have read the requirements for and applied for an Emergency Teaching Credential or the CTC Character Identification Clearance (COC).

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

***Everything below this line to be completed only by the University.***

**Assignment I (A/B)**  
 School/District \_\_\_\_\_ Grade Level/Subject \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
 Master Teacher \_\_\_\_\_ University Supervisor \_\_\_\_\_

**Assignment II**  
 School/District \_\_\_\_\_ Grade Level/Subject \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
 Master Teacher \_\_\_\_\_ University Supervisor \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_