GRAMBLING STATE UNIVERSITY OFFICE OF PROFESSIONAL LABORATORY EXPERIENCES

APPLICATION FOR STUDENT TEACHING/INTERNSHIP

Producing knowledgeable, skilled and compassionate educators and other school professionals in the place

"Where Everybody is Somebody." (PLEASE TYPE)

	G#	Stud	dent Teaching/Internship Today's Da			Today's Dat	e		
1.	Name								
	(Last		(First)	(Middle or M	aiden)			
2.	Date of Birth		_	Gende	er				
3.		(BOX or Street ampus? Yes	#) (City)	(State)	(Zip)	(Phone)	(E-mail Address)		
4.	Can you arrange transportation to cooperating schools outside of Ruston? Yes No (This may be required of any student teacher.) All student teachers are expected to be able obtain transportation to schools outside of Grambling.								
5.	Where do you plan to live next semester? In the dormitory In the community At home								
6.	Applying for adr	nission to: Eleme	entary Ed. (Give	e level)	Spe	ecial Ed			
7.	Secondary Major	rs (only)							
	Major Fie	ld							
	Minor								
	Second T	eaching Field							
8.	In what grade an	d/or subject do yo	u prefer to stud	ent teach?					
9.		At what school and grade level did you complete Advanced Teaching Method, on-site teaching experience?							
10.		g Location Prefere achers are requested to irector of OPLE.				locations			
11.	PRAXIS/NTE S Reading	cores: Writing	Math	PLT		SP			
12.	List courses enre	olled in this semes	ter:			I	2		
13.		eded in addition to							
14.	Number O/P He	ours Completed		(Please attach	verification)				
15.	Copy of curricu	lum contract sign	ed by adviser fo	or semester re	questing stud	ent teaching.			
16.	<u>Secondary Ma</u> Attach a sealed	jors Only reference letter fr	om your conten	it area departr	nent chair to	this application.			

BIOGRAPHICAL INFORMATION

Protecting the heritage: Cultivating knowledgeable, skilled, and compassionate educators and community leaders in "The Place Where Everybody is Somebody."

	DATE _						
Name	Date of I	Date of Birth					
Local Add	ress	Local Phone No					
Permanent	Address(BOX or Street #)	(City)	(State)	(Zip)			
Phone No.							
E-Mail Ad	dress						
Hobbies							
Special No	n-Teaching Skills						
Previous E	ducation Related Work Experiences						
Volunteer A	Activities						
Education	(State briefly high points of each level):						
А	A. Elementary (Give name of school and dates of attendance)						
B	B. Secondary (Give name of high school and dates of attendance)						
C.	. College (Give name of college and date	es of attendance)					
Desired Le	evel of Certification:						
A	. Elementary (Give level)	Minor					
В	. Secondary (Give fields): Major	Minor					
C.	. Special Education						
What are y	our career plans after graduation?						