



*College of Education, Humanities and Social Sciences
Department of Education
Clinical Experiences, Evaluation & Certification (CEEC) Office*

Application for Admission to Student Teaching

**This application consists of three pages; all three pages must be completed before the deadline.
(Spring Semester Deadline: November 15, Fall Semester Deadline: April 30.)**

Date: _____

Name: _____ SS#: _____
Last First Middle/Maiden

Advisor: _____ Dept/Major: _____

Age: _____ Marital Status: _____ Sex: _____ Race: _____

Permanent Address: _____
PO Box/Street City/State/Zip

Area Code/Phone number

Local Address or School Address: _____
PO Box/Street/Dorm City/Zip Phone Number

Placement is done through collaboration with the CEEC Office and the School District Office. Candidates are usually not placed in schools where they have been previously employed, have family members, have done 50% or more Pre- STEP or recently graduated. Candidate is responsible for his/her transportation to Clinical site(s).

First Time Enrolled at South Carolina State University: Semester _____ Year _____

Transfer Student: _____ No _____ Yes If Yes _____
Name of Institution City/State/Zip

Classification: Senior _____ M.A.T. _____

Student's Signature Date



Part II

This section must be filled out by advisor(s)

The cumulative record for _____, _____
Name SS#

Shows evidence of the items indicated below:

Required Tests (UG)

Student
Score

Praxis I

Reading: 175 _____

Writing: 173 _____

Math: 172 _____

Required Tests (UG and MAT)

Required
Score

Student
Score

Praxis II _____

PLT _____

The Candidate has:

- ✓ Acquired the minimum of _____ clock hours of Pre- STEP
- ✓ Submitted a Certificate of Medical Examination
- ✓ Submitted a Speech and Hearing Evaluation
- ✓ Passed English Proficiency or English 152
- ✓ Admitted to the Teacher Education Program

Yes No Date Acquired

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Status of Admission: Recommended _____ Not Recommended _____

Comments:

Advisor Date

Director/ CEEC Date

PLEASE TYPE INFORMATION

Name: _____
Last First Middle Student ID No.

Major: _____ Date of Graduation: _____

Parents/ Spouse: _____

Home Address: _____
_____ Telephone: _____

(for the following statements please use back of form or attach a sheet).

Write a brief summary of your Pre- STEP Experiences. Please include member of hours, schools/agencies and knowledge gained.

What do you expect to gain as a result of your Professional Clinical Experiences?

In which subjects/ grade levels do you feel you can most effectively enhance student learning?

Describe any specific interests, skills or talent you may have and tell how you might use this to enhance student learning.

Your strengths:

Your future plans:

