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 places 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:	Yes	No	Date Acquired
✓ 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	☐	☐	_____

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 or 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:

_____
_____