



APPLICATION FOR DIRECTED STUDENT TEACHING

Name: _____ **Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **SWC Mailbox:** _____

E-Mail Address: _____

STUDENT TEACHING PLACEMENT REQUEST

School: _____ **District:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Principal:** _____

Teacher: _____ **Grade:** _____

Semester: *Fall* _____ *Spring* _____

Registrar Information only:

Cumulative hours: Total college hours: _____

Total professional education hours: _____

Cumulative grade point averages: Total college GPA: _____ (***2.5 required**)

Total professional GPA: _____ (***3.0 required**)

Office use only:

Date approved: _____

Registrar: _____

Education Coordinator: _____

Revised 9/06