

Please fill out and return to Ms. Maurer by January 31, 2006!



VILLANOVA
UNIVERSITY

Student Teaching Application
Department of Education and Human Services

(Please print clearly)

Semester/ Year You Expect to Student Teach: _____

Name: (last) _____ (first) _____ (middle) _____

Social Security or Student ID number: _____

Villanova Content Area: _____ Certification in: _____

Local Address: _____

Local Phone: _____ Cell Phone: _____

Home Address: _____

Home Phone: _____ Home Email: _____

(Please keep the Coordinator current on any changes of address or telephone number!)

Status: ___ Undergraduate ___ Graduate Plus Certification ___ Post-Graduate Certification

Overall GPA ___ Education GPA _____ Subject Area GPA _____

Anticipated graduation date (if applicable) _____

Assignment Preferences: ___ Middle School (Grades 7 or 8) ___ High School
___ Public ___ Private ___ Parochial
___ Suburban ___ Philadelphia ___ Multi-Cultural Suburban

Where would you like to begin teaching after graduation? _____

Other Preference information? _____

Address from which you will be commuting to your student teaching assignment: _____

Available transportation to assignment: ___ personal car ___ public transportation

Applicant's Statement: I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for student teaching placement. I hereby authorize Villanova University to release my credentials and transcript to any and all school districts where I may student teach. I also understand that I am required to abide by all rules and regulations of the University pursuant to the student teaching experience.

Date _____ Signature of Applicant _____