

Fall 2020 Application for Residency & Student Teaching

(Please type and submit the application by March 15th.)

Semester applying for: Fall 2020

Residency 1 _____ Residency 2 _____ Student Teaching (MUED and HPE only) _____

Name: _____ **NSU ID** _____
Last First Middle/Maiden

Permanent Address: _____ **Phone:** _____
(Street, City, State, Zip)

Local Address: _____ **Phone:** _____
(Street, City, State, Zip)

NSU email address: _____

Major: (Check [X] your major)

- _____ Early Childhood Education (PK-3)
- _____ Elementary Education (1-5)
- _____ Secondary Biology Education (6-12)
- _____ Secondary Business Education (6-12)
- _____ Secondary English Education (6-12)
- _____ Secondary Mathematics Education (6-12)
- _____ Secondary Social Studies Education (6-12)
- _____ Music Education – Instrumental (all levels)
- _____ Music Education – Vocal (all levels)
- _____ Music Education – Vocal & Instrumental (all levels)
- _____ Health & Physical Education (all levels)

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Praxis Requirements

Have you passed PRAXIS II content? _____ Yes _____ No

If yes, which test(s)? _____

If you have not taken PRAXIS II content, have you registered for it? Yes No

Test date: _____

Have you passed PRAXIS II PLT? Yes No

If yes, which test? _____

If you have not taken PRAXIS II PLT, have you registered for it? Yes No

Test date: _____

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Plans for Completion of Degree

Beginning with the current semester, outline your anticipated class schedule (by semester) for the completion of your degree. **Please meet with your academic advisor for assistance.**

Semester: Spring 2020

Course	Hrs.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Semester: Summer 2020

Course	Hrs.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Semester: Fall 2020

Course	Hrs.
_____	_____
_____	_____
_____	_____
_____	_____

Course	Hrs.
_____	_____
_____	_____
_____	_____
_____	_____

Academic Advisor's signature _____

Preferences for Clinical Experience Location

Please indicate 1 for first choice and 2 for second choice.

<input type="checkbox"/> Caddo	<input type="checkbox"/> Bossier
<input type="checkbox"/> DeSoto	<input type="checkbox"/> Grant
<input type="checkbox"/> Natchitoches	<input type="checkbox"/> Rapides
<input type="checkbox"/> Red River	<input type="checkbox"/> Sabine
<input type="checkbox"/> Vernon	<input type="checkbox"/> Webster
<input type="checkbox"/> Winn	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	

If you are a secondary major and attended high school in a parish requested, please complete the following:

High School attended: _____

Years of attendance: _____ to _____

Relative(s) employed in public schools in parish requested (if applicable):

Name: _____ Relationship: _____

School/grade level: _____

Name: _____ Relationship: _____

School/grade level: _____

Please list your school-age child/children (if applicable):

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Transportation: Please indicate how you plan to get to and from your residency/student teaching placement. (e.g. "I have a vehicle and will drive myself.")

Are you planning to carpool with another resident/student teacher? Yes No

If yes, who? _____

Please check (x) all applicable:

I plan to participate in an extracurricular activity (e.g. band, dance line, sports) during Residency/Student Teaching.

I plan to work part-time during Residency/Student Teaching.

I need to enroll in an additional course during Residency/Student Teaching; I am including the required permission form with my application. (See attached form.)

Music Education candidates who are requesting to be placed in Texas:

I have completed the Student Teaching Placement application as required by the Texas school district. (Must submit verification to Ms. Wynder.)

I will have stable housing in the school district requested.

I understand that I will be required to attend orientation and monthly seminars on the Natchitoches campus during my Student Teaching semester.

I attest that the information in this application is accurate. I will notify the Office of Clinical Practice & Partnerships immediately should any information change.

Candidate's Signature: _____

Date: _____

Academic Advisor's Signature _____

Applications should be submitted to:

Ms. Ramona A. Wynder, Director
Office of Clinical Practice & Partnerships
wynderr@nsula.edu (email)
(318) 357-6579 (fax)

PERMISSION TO ENROLL IN COURSE WITH RESIDENCY 2/STUDENT TEACHING

Residency 2/Student Teaching applicants may request enrollment in an additional three (3) semester hours above program requirements for Residency 2/Student Teaching. Courses requested cannot conflict with Residency/Student Teaching hours- 8:00 a.m. - 3:00 p.m. daily.

Name _____ Program _____

NSU CWID _____

NSU Email Address _____

Course Requested

Course/Section _____

Day(s)/Time _____

Is the course needed for graduation? Yes _____ No _____

Extenuating circumstances for requesting additional course with Student Teaching:

Candidate's signature _____

Date _____