

**SOUTHERN CONNECTICUT STATE UNIVERSITY
STUDENT TEACHING APPLICATION**

[Please print or type]

Name: _____ Senior: _____ Graduate: _____

ID Number: _____

School Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

_____ E-Mail _____

Major: _____

Praxis I: Passed : Yes _____ No _____ To be Taken _____

Waived _____ Date when applied for waiver _____

Praxis II: Passed: Date: _____ To be Taken: Date: _____

Selection of Student Teaching Period: Fall 200 _____ Spring 200 _____

Town[s] where you attended school:

Elementary _____ Secondary _____

[indicate if public or private school]

Transportation: Auto: _____ Public: _____ Other: _____

[Check 3 choices – These choices merely indicate a general area preference. Please indicate choices by #1, #2 and # 3. There may not be a BEST-trained teacher in this location for your area.]

Ansonia _____	East Haven _____	New Haven _____	Southington _____
Beacon Falls _____	Fairfield _____	North Branford _____	Stratford _____
Bethany _____	Guilford _____	North Haven _____	Trumbull _____
Branford _____	Hamden _____	Orange _____	Wallingford _____
Bridgeport _____	Madison _____	Oxford _____	Waterbury _____
Cheshire _____	Meriden _____	Portland _____	West Haven _____
Clinton _____	Middletown _____	Prospect _____	Westbrook _____
Derby _____	Milford _____	Seymour _____	Wolcott _____
Deep River _____	Naugatuck _____	Shelton _____	Woodbridge _____
Durham/Mldfd _____	Regional School District # _____		

If you have been working at a school and the teacher or the Principal has indicated they would like you to student teach there with a BEST trained teacher, Please indicate the teacher's name and the town and school.

THIS FORM MUST BE COMPLETED BY EVERY STUDENT REQUESTING STUDENT TEACHING PLACEMENT.