

Southern Connecticut State University
STUDENT TEACHING APPLICATION

[Please print or type.]

Name _____ Senior _____ Graduate _____

Social Security Number _____

School Address _____ Phone _____

Permanent Address _____

Major _____

PRAXIS I Passed Yes _____ No _____ To be taken _____
 Waived _____ Date when applied for waiver _____

Selection of Student Teaching Period: Fall _____ Spring _____

Town[s] where you attended school

Elementary _____ Secondary _____

[indicate if public or private school]

Transportation: Auto _____ Public _____ Other _____

TOWNS

[Check 3 choices – These choices merely indicate a general area preference]

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