

# APPLICATION FOR STUDENT TEACHING

Illinois State University Office of Clinical Experiences 56 DeGarmo Hall - CB 5440 Normal, IL 61790-5440 309/438-5416	Last Name	University ID
	Music Ed Sequence	email  @ilstu.edu

## I. Completed by Student

Last Name	First	Middle/Maiden	GPA (voluntary)
Teaching Major	Minor		
Semester of Student Teaching		Year Student Teaching	
FALL <input type="checkbox"/> SPRING <input type="checkbox"/>			
Local Address: Street , Apt.#, City, State, Zip			
Home Address: Street , Apt.#, City, State, Zip			
Local Telephone #		Home Phone #	
High School Attended		City/State	
Locale Preference	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup> 4 <sup>th</sup>

## **\*\*Final Placement decisions determined by the SOM Music Education Department**

Do you have family or personal friends attending or employed by a district/school of cooperative? YES  NO

If YES, where?

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Have you previously participated in a student teaching experience? YES  NO  Where?

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Classification (check one) Undergraduate  Graduate  Second Bachelor

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I have read, signed, and turned in the Student Teaching Agreement Form for Illinois State University. YES  NO

## **\*Final decision regarding placement site rests with your major department.**

Student's Signature	Date
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## II. Completed by Clinical Experiences Office


Turn in 3 copies of **Application**, 10 copies of **Resume**, 1 transcript, and 1 signed copy of the ST Agreement.