



Please Print Legibly

Applications Must Be Submitted By: January 31st - For Fall Student Teaching
July 31st - For Spring Student Teaching

Check (✓) course/semester/ and complete year to which you are applying:

Student Teaching Practicum / Fall Spring / Year

Applicant Name: Last First MI Date: Month Day Year

Mailing Address: Street/PO City State (abbr.) Zip Code

SSN: Student ID # Email:

Phone: (Please include area code) Home: Cell:

Please select the appropriate certification area in the table below by placing an X in the space provided. For Middle Grades, Secondary or P12, list your content area.

Table with 4 columns: Elementary, Middle Grades, Secondary, P-12. Each column has fields for specialization and content area.

List your preference of placements for student teaching OR list where you are currently teaching:

1st Choice: Name of School City State (abb.)

BOE Point of Contact - First and Last name Phone Point of Contact email address

2nd Choice: Name of School City State(abb.)

BOE Point of Contact - First and Last name Phone Point of Contact email address

Please complete questions below by placing a (✓) in the appropriate column: YES NO

- 1. Are you currently or have you been employed in either location listed above?
2. Are immediate family members employed or do they attend school in either location?

Required Documentation - Application will NOT be processed and candidate will NOT be enrolled in Student Teaching/Practicum without the following items on file at UC:

Table with 6 columns: Item, Attached, On File, Item, Attached, On File. Rows include PRAXIS II Content, PRAXIS II PLT, FBI Criminal Background Check, Dispositions, Medical Exam, TB Test, Field Hours.

I hereby certify that the above information is accurate and correct. I understand that ALL candidates are required to meet Kentucky certification requirements by passing all of the appropriate PRAXIS II exams.

The Educational Professional Standards Board (EPSB) requires that all student teachers/practicum candidates file with their application a copy of a valid and current medical exam which includes a tuberculosis test.

Candidate Signature

Date