

Student Teaching Student Information

Semester: _____	Year: _____	EDU 402 A/B INSTRUCTOR _____
Student ID#	_____	
Last Name:	_____	
First Name:	_____	
Middle Name:	_____	
Home Address:	_____	
City:	_____	
State:	_____	
Zip Code:	_____	
Home Phone:	_____	
Cell Phone:	_____	
Residence Status:	<input type="checkbox"/> Commuter	<input type="checkbox"/> Resident
Send Mail to:	<input type="checkbox"/> Home Address	<input type="checkbox"/> Campus Mail
Campus Phone Extension:	_____	
Campus Mail Box Number:	_____	
Campus Email Address:	_____	
Alternative Email Address:	_____	
Major:	_____	Endorsement Sought:
Minor:	_____	(Circle One)
Program Entry Date:	_____	*Elementary
		*All-Level Art
		*Secondary
		*All-Level PE
I plan to teach:	Subject: _____	Grade/s: _____
I plan to teach:	Subject: _____	Grade/s: _____
I plan to began teaching:	Semester: _____	Year: _____
I plan to teach in:	County: _____	School: _____
Sponsoring Teacher:	Name: _____	And/Or-Name: _____
Anticipated Graduation Date:	Month: _____	Year: _____