

Attach
SMALL
PHOTO

**NICHOLLS STATE UNIVERSITY
COLLEGE OF EDUCATION
DEPARTMENT OF STUDENT TEACHING**
P.O. Box 2053
Thibodaux, LA 70310
Ph (985) 448-4330 - FAX (985) 448-4926

Official Use Only
Assignment: _____
Supervisor: _____
Grade Level: _____

Application for Student Teaching/Practicum

Guidelines

1. Applicants are to choose a specific geographic location from those outlined on the back of this sheet.
2. Applicant should detail in the comments section on back any unusual circumstances she or he feels the Director of Student Teaching should be aware of (including documentation of a disability).
3. In the comments section, indicate whether you have a close relative at a school in a chosen geographical area because you will not be allowed to student teach there.
4. Applicant Deadline: Fall Placement - Feb. 15th/Spring Placement - Sept. 15th (Completed form to Director)
5. FINAL DECISION ON STUDENT TEACHER PLACEMENT RESTS WITH THE DIRECTOR OF STUDENT TEACHING.

Application for (please check one): Fall _____ Spring _____ Year _____
Alternative Certification Yes _____ No _____

(Please check level or write in subject)

Birth to 5/Early Interventionist _____ PreK-3rd _____ Special Ed/Dual _____

Elementary 1st-5th _____ Middle 4th-8th _____ (Content areas: _____)

Secondary 6th-12th _____ (Content areas: _____) Kindergarten Practicum _____

GEOGRAPHIC LOCATION: _____ Overall G.P.A. _____
(See back! Include name of parish plus name of area)

Full Name: _____ ID#: _____

Mailing Address: _____
(street) (city) (state) (zip code)

Phone Number(s): _____ E-mail: _____

(Please keep Student Teaching Office up-to-date on any address/phone no. changes)

AGREEMENT: I hereby certify that I have read and understand the requirement as stated in the Nicholls State University Bulletin. In addition, I will accept the assignment for student teaching given to me as directed by the Department of Student Teaching, the College of Education and Nicholls State University. It is further understood, that I, the undersigned, accept full responsibility for transportation to the location of my student teaching assignment. I also certify that I have indicated any and all close relatives that work in an area I have chosen to student teach and understand failure to do so may result in removal from student teaching.

Student Teachers must e-mail Ms. Annette Breaux (annette.breaux@nicholls.edu) and set up an appointment to meet with her.

Attach copies of ALL PRAXIS SCORES to this application. You will not be assigned if scores are not attached.

Your advisor must complete and sign the bottom section on the back before applying for student teaching. You will not be placed until you are cleared by your advisor and the office of Student Teaching.

Student's Signature _____

**** **EFFECTIVE FALL 2001** ****
Candidates must successfully complete ALL PARTS of the **PRAXIS** before she or he will be permitted to student teach.
**** **EFFECTIVE SPRING 2002** ****
All Student Teachers will be required to pay a \$75 Lab Fee.

COMMENTS: _____

GEOGRAPHIC LOCATIONS

Lafourche Parish

Thibodaux Area
Central Lafourche Area
South Lafourche Area
Chackbay/W. Vacherie

Terrebonne Parish

Houma Central Area
Thibodaux Area (...Schriever)
Bayou Cane Area
Bourg/Chauvin Area
Dularge Area
Grand Caillou Area
Point-aux-Chien/Montegut

St. Mary Parish

Morgan City Area
Amelia Area
Berwick Area
Patterson Area
Franklin Area

Assumption Parish

Pierre Part Area
Napoleonville Area
Labadieville Area
Belle Rose Area

Ascension Parish

Donaldsonville Area
East Bank Area

St. James Parish

East Bank Area
Vacherie Area

St. Charles Parish

West Bank Area
East Bank Area

Jefferson Parish

Metairie/Kenner Area
West Bank Area

Other

By Special
Permission only

Teacher Education Graduation Candidate Audit -- Candidates pick up your degree audit from the Dean's secretary (Ms. Pat Robichaux) and meet with your faculty advisor.

Name of Faculty Advisor: _____

_____ is listed as your advisee.
(Student's Name) (ID#)

I am requesting that you do an audit of your advisee's transcript and determine the following:

- A. Does the candidate have a grade of C or better in the required GENED Courses of Math 101, ENGL 101 and 102? **If not, please list.**

- B. Does the candidate have a grade of "C" or better in each professional education/specialty education course (these courses include PSYC 206/210/220/311, HIST 371, LBSC 301, FACS 210, and all courses required in the secondary discipline area)? **If not, please list.**

- C. Does the candidate have a 2.5 GPA? **If not, please state.**

- D. Does/will the candidate have 45 hours of 300-level courses or above? **If not, please state.**

- E. Excluding the courses the candidate is currently enrolled in, how many courses (excluding student teaching courses) are needed to complete requirements?

Faculty Member's Signature

These signatures verify that this student is cleared for graduation (with the exception of student teaching) and all substitution forms are completed.