

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. 15<sup>th</sup>/Spring Placement - Sept. 15<sup>th</sup> (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 \_\_\_\_\_

**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)

**(Please check level or write in subject)**

Birth to 5 /Early Interventionist \_\_\_\_\_ PreK-3<sup>rd</sup> \_\_\_\_\_ Special Ed/Dual \_\_\_\_\_  
Elementary 1<sup>st</sup>-5<sup>th</sup> \_\_\_\_\_ Middle 4<sup>th</sup>-8<sup>th</sup> \_\_\_\_\_ (Content areas: \_\_\_\_\_ )  
Secondary 6<sup>th</sup>-12<sup>th</sup> \_\_\_\_\_ (Content areas: \_\_\_\_\_ ) Kindergarten Practicum \_\_\_\_\_

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

**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 understand that I can not be assigned to a school if any close relative is there in any capacity. I have indicated any and all close relatives and their schools under "comments". Failure to do so may result in removal from student teaching. **I will be required to pay a \$100 Lab Fee.** I am also required to submit a background check to the Director of Student Teaching before the Student Teaching semester.

**You must have successfully completed all parts of the PRAXIS before permitted to student teach. Attach copies of ALL PRAXIS SCORES to this application. You will not be assigned if scores are not attached. Also, attach your Professional Reflection Evaluation Letter. You will not be assigned to a school where you are employed in any capacity.**

Successful submission of Professional Reflection: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

**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 \_\_\_\_\_

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?
- F. Has the candidate passed all required PRAXIS? If not, please specify which exams are still needed.

\_\_\_\_\_  
Faculty Member's Signature

This signature verifies that this student is cleared for graduation (with the exception of student teaching) and all substitution forms are completed.