

PROFESSIONAL SEMESTER APPLICATION

FALL _____ SPRING _____

Part I - Applicant Information

Full Name: _____ Student ID: _____

Phone: _____ Email: _____

Sex: ☐ Female ☐ Male

Ethnicity: ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White / European
☐ Black or African American ☐ Other / Multi-ethnic
☐ Hispanic or Latino ☐ Prefer not to answer

Program Information:

1st Degree Major _____

2nd Degree Major _____

Additional Certification Areas _____

All of the following standards are required for admission to the Professional Semester:

- | | |
|--|--|
| ☐ Admitted to the Teacher Education Program | ☐ Major GPA (2.50) |
| ☐ All Courses Completed | ☐ Professional Education GPA (2.50) |
| ☐ Completion of Transition II | ☐ Ret/Grad GPA (2.50) |
| ☐ Current Background Check | |

Attach the Following:

- Any completed test scores: OSAT, APK, (FoRT - ELEM, EC, SPED)
- Resume
- Unofficial Transcript

NOTE

All coursework for the degree or certification must be completed and the grade verified before the start of the Professional Semester. (Including scheduled classes, removal of incomplete grades "I," and transcripts from other universities.)

The teacher candidate must stay in contact with both the Division of Education Chair and the Director of Teacher Education.

- Once all requirements are fulfilled, enrollment will be handled.
- Placement preference is respected when possible; however, there are times when this cannot be accommodated for various reasons. This is a request, not a guarantee.

Part II - Licensure Attestation

All candidates with an out-of-state address must have an attestation on file in the education office before admission to the teacher education program.

Initial: _____

I understand NWOSU's Division of Education meets educational requirements for professional licensure/certification in the state of Oklahoma. I understand that educational and other requirements can change and that factors, including but not limited to criminal background, work experience, and additional training, may affect my eligibility for licensure.

Signature of Applicant: _____ **Date:** _____

Part III - Placement Request

(To Be Completed by Applicant and Reviewed by Advisor)

Please read the following carefully.

Several important factors help determine where NWOSU places student teachers. These are as follows:

- State Department of Education / Oklahoma laws
- Office of Educational Quality and Accountability (OEQA)
- Council for the Accreditation of Educator Preparation (CAEP)
- Public school participation
- Mentor qualifications

Read the Policies for Placement on the last page of the application before listing preferences.

Teacher candidates are asked to list, in order of preference, two schools for student teaching or internship.

Placement Preference Request

Placement requirement: Use a different school district for each Clinical Experience.

	DISTRICT/SCHOOL NAME	LOCATION (CITY, STATE)	GRADE LEVEL
HIGH SCHOOL			
CLINICAL EXPERIENCE I			
CLINICAL EXPERIENCE II			
CLINICAL EXPERIENCE III 1ST PLACEMENT REQUEST			
CLINICAL EXPERIENCE III 2ND PLACEMENT REQUEST			

Part IV - Mentor Teacher Qualifications and Placement Policies

Mentor Teacher Qualifications

- Has a minimum of three years of teaching experience.
- Holds the same certification as the degree-seeking candidate.
- Is recommended by the school administrator.
- Has a strong dedication to the teaching profession.
- Uses basic principles of effective teaching and learning.
- Is willing to guide the progress of the student-teacher.
- Demonstrates a high level of professional ethics.

See the Teacher Education Handbook for more information.

Northwestern Oklahoma State University - Division of Education

Policies and Procedures Regarding the Placement of Teacher Candidates

The Teacher Education Committee (TEC) has adopted the following policies to ensure the most successful and productive internship possible for all involved. These policies are in effect unless special permission is granted through the TEC's appeal process or a Memorandum of Understanding (MOU) has already been completed with the Division of Education and a public school district.

1. Candidates are placed in classrooms within a 150-mile radius of the main campus in Alva.
2. Candidates may not be enrolled in other classes during the Professional Semester.
3. Candidates will follow the calendar of the host school, such as observing holidays and teacher meetings.
4. Candidates are not to replace regular certified teachers as substitutes in the classroom. If emergencies arise, the Chair of the Division of Education or the Director of Teacher Education should be contacted.
5. Candidates are afforded a maximum of three (3) days of absence to be used only for family-related emergencies or illness.
6. Candidates are not allowed to fulfill an internship in the school of their hometown district.
7. Candidates are not allowed to complete all Clinical Experiences in the same district.
8. Candidates are not allowed to fulfill an internship with a person who may pose a conflict of interest, such as a family member or friend in a supervisory position.
9. Candidates are not allowed to fulfill an internship where their own child would be under the candidate's supervision.
10. Only one candidate per cooperating teacher per semester is allowed.
11. Candidates are not to be employed by the school district while the internship is taking place.
12. Candidates must meet all diversity requirements with field experiences throughout the program.
13. Candidates must provide their liability insurance.

Declaration

I have read the above requirements and understand that student teaching school experiences will begin when all documentation is submitted and all requirements are met. Any extenuating circumstances must be submitted as an appeal to the Teacher Education Committee (TEC) before the start of the Professional Semester.

Please sign and keep a copy for your files.

Signature of Applicant: _____ **Date:** _____

Part V - Advisor Review

I have reviewed the teacher candidate's application and placement request to ensure compliance with policy.

Advisor's Signature: _____ **Date:** _____

Advisor's Recommendation: _____