



Date Received: _____
Received By: _____

Application to Teacher Education Programs

Level Two Admission - Required for EDU 495

As evidence of my preparation for admission, I have met with my advisor and received approval to submit the following documents:

Part A - Prerequisites for Admission Application:

Level One Admission to Teacher Education. My current Campus/Location is _____

Part B - Academic Requirements for Admission:

- My MSU-N Banner transcripts are attached.
- At the conclusion of this semester, I will have completed all professional education coursework (*except the Student Teaching Practicum and any courses noted below*).
- My cumulative grade point average (GPA) with grades of "C" or better in all coursework: _____
- The following program requirements have not been completed but will be prior to beginning the Student Teaching Practicum. (*All courses must have grades of "C" or better prior to beginning the Student Teaching Practicum*).

Course(s)	Term to be taken	Course(s)	Term to be taken

Part C - Application Requirements for Admission:

- Student Teaching Practicum Placement Request Form (*in packet*)
 - Application for Graduation (*in packet*) See Education Admin for how you want to pay fee.
 - Completed Program Sheet (*major and minor*) signed by advisor(s).
 - Proof of current Professional Liability Insurance (*that will be in effect for the duration of the Student Teaching Practicum*) **OR** completed MFPE membership application with \$25.00 (*or amount indicated*) to MFPE for the appropriate school year (*in packet*).
 - Current First Aid and CPR certification (*Candidates must arrange to have certification renewed prior to Student Teaching and provide proof of renewal to the MSUN Education Office*). **Plan for Renewal:** _____
 - Release of Information Form (*in packet*).
 - Complete Criminal History Background Request and Fingerprint Cards (*in separate packet*) **OR** Background check is current through the duration of the Student Teaching Practicum and Licensure process. Current background check expires: _____
 - Educational Philosophy essay (*APA Style*) (*1 copy, word processed, double spaced*).
 - Resume (*1 copy – acceptable resume format*).
 - Praxis II Subject Assessment test appropriate to major subject area. **Date Taken or Test Date:** _____ **Score** _____
- Elementary Education Major
- Minor(s) **OR** Concentration(s): _____
- Secondary Education Major - *Content Area(s)*: _____

Signatures

_____ Applicant's Signature	_____ Applicant's Banner ID Number	_____ Date
_____ Applicant's Name	_____ Applicant's Address	
_____ Applicant's E-mail	_____ Applicant's Phone Number	
_____ Advisor's Signature	_____ Advisor's Name	_____ Date

Applicant's Name

Applicant's Banner ID Number

- for Admissions and Retention Committee use only -

The Admissions and Retention Committee has met and carefully considered the applicant's admission packet. The following admission decision was made:

No Action Taken.

Do NOT recommend Admission to Level Two.

Evaluation in Progress for Level Two Teacher Education _____ Semester, 20____.

Recommend - Full Admission to Level Two Teacher Education for _____ Semester, 20____.

Plan for remediation: _____

Admissions and Retention Committee Signatures

Member's Signature

Member's Name (Printed)

Date

Member's Signature

Member's Name (Printed)

Date

Member's Signature

Member's Name (Printed)

Date

Member's Signature

Member's Name (Printed)

Date

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Date



**MONTANA STATE UNIVERSITY
NORTHERN
Department of Education**

Date Received: _____

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Student Teaching Placement Request

Incomplete and illegible forms will not be processed and placement will be delayed until the form can be returned, completed, and resubmitted for consideration. Please refer to the MSU-N "Field Experience Policy" for guidelines to ensure this form is completed correctly and to review the rules binding this request.

Student Teacher Candidate Information

Student's Name: _____ Student's **Banner ID** (not SS#): _____

Email (Required): _____

Complete Address: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

Education Major(s): _____

Education Minor(s): _____

Previous Experience

Please list any previous experience you may have had working with children and/or schools:

Please provide the name of the school, grade level(s), teacher(s), (Secondary - and subject[s]) in which you have done previous 45 hour Field Practicums according to Block Number:

Block 1 Placement _____

Block 2 Placement _____

Block 3 Placement _____

Conflict(s) of Interest

Please list any schools where family members, including yourself, attend or work: _____

Student Teaching Request

Student Teaching Experience Semester Requested: Fall 20____ or Spring 20____

Please list the district, school, contact person, address, phone number, and grade level range you prefer to Student Teach:

1st Preference _____

2nd Preference _____

3rd Preference _____

Recommendation

I recommend _____ (Candidate's name) as a Student Teacher Candidate in accordance with the MSU-N Field Experience Policy and this **completed** request.

Program Advisor's Signature _____

Date _____



MONTANA STATE UNIVERSITY NORTHERN

DEPARTMENT OF EDUCATION

Release of Information Form

As a Field Practicum Candidate, I, _____, authorize the release of all pertinent information to any potential or established field placement site (Districts or Schools and their respective personnel). The information released may be written or verbal, and may include, but is not limited to, my contact information (address, phone, email), academic performance (transcripts), Professional Resume, Philosophy of Education, or other information as requested by the placement site.

Signatures

This document is effective until revoked in writing by me.

Candidate's Full Address

City, State, Zip Code

Birth Date

Candidate's Email Address

Candidate's Telephone Number

Banner ID#

Your signature must be notarized.

(Sign in front of a Notary Public)

Candidate's Signature

Date

State of _____

County of _____

Signed and acknowledged before me on the _____ day of _____, 20____ by _____.

(Signature of Notary)

(Name – typed, stamped, or printed)

Notary Public for the State of

Residing at _____

My Commission Expires _____

(SEAL)

MONTANA STATE UNIVERSITY NORTHERN

Application for Graduation

This application must be accompanied by a receipt for the non-refundable Graduation Application Fee of \$50.00. Use blue or black PEN.

Student ID#: _____
Name: _____
CURRENT mailing address: _____ _____

PRINT your name as you want it to appear on your diploma: _____
PRINT the address to which your diploma is to be sent: _____ _____

I expect to complete requirements for this degree during the _____ semester of 20_____.

My *Catalog of Record* is the year(s): _____, where the curriculum governing my graduation is published.

"Students are personally responsible for meeting all University graduation requirements and the requirements for their particular academic degree programs."

This information is printed in the catalog of record indicated directly above, including deadlines, limits, calculation of honors and rules governing the participation in Commencement. Participation in Commencement ceremonies does not guarantee the granting of a degree.

Major code _____ Major description _____

Minor code _____ Minor description _____

COURSES IN PROGRESS OR REMAINING: Enter all courses in which you are currently enrolled or which you will take to meet graduation requirements for this degree, in the order in which you will complete them.

Course Prefix	Course Number	Course Name	Term Taking	Credits	Registrar Check
Total Credits in Progress, or To Be Taken plus, Total Semester Credits Earned to Date equal, Total Credits at Graduation				0	

Student Signature: _____ Date signed: _____

The undersigned certify that this document has been reviewed and is a complete and accurate representation of the student's work.

Signature _____ Date _____
Major Advisor

Signature _____ Date _____
Major Chair/Dean

Signature _____ Date _____
First and Second Minor Advisor

Signature _____ Date _____
First and Second Minor Chair/Dean

ALL TEACHER EDUCATION MAJORS AND MINORS

Signature _____ Date _____
Teacher Certification Officer

ALL GRADUATE STUDENTS

Signature _____ Date _____
Chair/Dean of Education and Graduate Studies

Registrar's Office Use Only:

Fee paid/assessed, verified by: _____ Date received from student (stampdate): _____

Major GPA: Initial: _____ Final: _____

Minor GPA: Initial: _____ Final: _____

Overall GPA: Initial: _____ Final: _____

39 Upper Division Credits: Initial: _____ Final: _____

Residency Credits: Initial: _____ Final: _____

Total Credits: Initial: _____ Final: _____

Degree Awarded: _____ **Honors:** _____ **Diploma Ordered:** _____