PennWest* Application for Student Teaching (AST)

Se	mester 🗆 Fall	□ Spring	Year			
Name:			Student ID#:			
Major/Content Area:			Select Level: □ Under	graduate –	Degree + Cert	
			□ Graduate – Degree + Cert			
				_	e or Cert Only	
Address While			Home and Cell Phone	Home:	•	
Student Teaching			(Area code + number)			
(Street, City, State, Zip)				Cell:		
PennWest* Email Address			Home Campus			
Elementary School			High School			
Attended			Graduated From			
(Name, City, State)			(Name, City, State)			
Relatives	□ Yes		If Yes, please indicate			
teaching/working/attending	□ No		schools.			
schools in your placement						
area?						
Instructions – Gather the required on this form, p copies of all necessary call necessary initials and	orint and sign. Take to y documents are attached	our advisor d in the ord	for review, initials, and er listed below. Once fo	signature. orm is comp	Be sure leted, with	
Requirement for Approval:			Stud Initia		Advisor/Reviewer Initials	
Program Admission/Teacher		□ Ves			-	
Program Admission/Teacher to Teacher Ed in Good Standi	ng - Attach	□ Yes			-	
Program Admission/Teacher	ng - Attach	□ Yes			Advisor/Reviewer Initials	
Program Admission/Teacher to Teacher Ed in Good Standi	ng - Attach orks)		Initia		-	
Program Admission/Teacher to Teacher Ed in Good Standi Advisement Sheet/DegreeWo	ng - Attach orks) anscript	□ No	Initia		-	
Program Admission/Teacher to Teacher Ed in Good Standi Advisement Sheet/DegreeWo Attach current PennWest Tra	ng - Attach orks) anscript required courses (As	□ No Current G	Initia		-	
Program Admission/Teacher to Teacher Ed in Good Standi Advisement Sheet/DegreeWo Attach current PennWest Tra Grade of "C" or better in ALL	ng - Attach prks) enscript required courses (As t sheet). RECOMMENDAT equirements listed above recommendation is ne or I do not obtain a "C"	□ No Current G □ Yes □ No TION FOR S The must be seded prior of the seded prior of th	STUDENT TEACHING satisfied before a reconto any placements being	nmendation g finalized. I	can be given	

ourses that need to be repeated – Must have a	Courses that need to be scheduled			
ade of "C" or higher in order to student teach.	prior to student teaching.			
DO NOT WRITE BEL	OW THIS LINE			
APPROVALS:				
		☐ Recommend ☐ Not Recommended		
Advisor/Doviouer Signature	Date			
Advisor/Reviewer Signature Advisor: Please send Application for Student Teaching and required				
to Stapplications@pennwest.edu	accamentation	☐ Recommended with Conditions		
		_		
Field Services Coordinator (home campus)	Date			
		☐ Recommended with Conditions		
		_ □ Approved □ Not Approved		
Executive Director of Clinical Experiences	Date			
, , , , , , , , , , , , , , , , , , ,		☐ Approved with Conditions		
		☐ Approved with Conditions		
Comments				
Comments:				
☐ Clearance Issues:				
☐ Other Issues (e.g. Please include any course s	substitutions tha	t are in process or need to be		
submitted):				
Effective: Fall 2022				