



*College of Education, Humanities and Social Sciences  
Department of Education  
Clinical Experiences, Evaluation & Certification (CEEC) Office*

## Application for Admission to Student Teaching

**This application consists of three pages; all three pages must be completed before the deadline.  
(Spring Semester Deadline: November 15, Fall Semester Deadline: April 30.)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Middle/Maiden

Advisor: \_\_\_\_\_ Dept/Major: \_\_\_\_\_  
Optional

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
PO Box/Street City/State/Zip

\_\_\_\_\_  
Area Code/Phone number

Local Address or School Address: \_\_\_\_\_  
PO Box/Street/Dorm City/Zip Phone Number

School Preference: (1) \_\_\_\_\_ City: \_\_\_\_\_  
 (2) \_\_\_\_\_ City: \_\_\_\_\_

**(Candidates are usually not placed in schools where they have been previously employed, have family members, have done 50% or more Pre- STEP or recently graduated. Candidate is responsible for his/her transportation to Clinical site(s).)**

First Time Enrolled at South Carolina State University: Semester \_\_\_\_\_ Year \_\_\_\_\_

Transfer Student: \_\_\_\_\_ No \_\_\_\_\_ Yes If Yes \_\_\_\_\_  
Name of Institution City/State/Zip

Classification: Senior \_\_\_\_\_ Post Bac. \_\_\_\_\_ M.A.T. \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date



**Part II**

This section must be filled out by advisor(s)  
(Secondary majors must have both advisors signature)

The cumulative record for \_\_\_\_\_, \_\_\_\_\_  
Name SS#

Shows evidence of the items indicated below:

**Required Tests (UG)**

Student  
Score

Praxis I  
Reading: 175 \_\_\_\_\_  
Writing: 173 \_\_\_\_\_  
Math: 172 \_\_\_\_\_

**Required Tests (UG and MAT)**

Required  
Score

Student  
Score

Praxis II \_\_\_\_\_  
PLT \_\_\_\_\_

**The Candidate has:**

- ✓ Acquired the minimum of \_\_\_\_\_ clock hours of Pre- STEP
- ✓ Submitted a Certificate of Medical Examination
- ✓ Submitted a Speech and Hearing Evaluation
- ✓ Passed English Proficiency or English 152
- ✓ Admitted to the University
- ✓ Admitted to the Teacher Education Program
- ✓ Admitted to Advance Standing

Yes	No	Date Acquired
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Status of Admission: Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_

**Comments:**

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\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Director/ CEEC Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Dept. Chair Date

\_\_\_\_\_  
Admissions & Monitoring Date

