ALL TEACHER EDUCATION CANDIDATES, INITIAL CERTIFICATION, UNDERGRADUATE, SPEECH CORRECTIONIST, MAT, SCHOOL GUIDANCE COUNSELOR, WHO PLAN TO STUDENT TEACH FALL SEMESTER 2009 MUST:

1.) Complete Student Teacher Application  
   (This application may be picked up from the CEEC Office, Turner Hall B, Room 307.)

2.) Have Fingerprints done  
   (Information to have fingerprints done may be picked up from the CEEC office, Turner Hall B, Room 307.)

3.) Complete Application for Educator Certificate  
   (This application must be done in the CEEC Office. Bring a cashier check or money order for 75.00 and a copy of your Social Security Card.)

BY APRIL 30, 2009

If you have any questions, about this process, please contact;  
The CEEC Office, Turner Hall, B– Wing, Room 307  
803-536-7020– Office Phone
Application for Admission to Student Teaching

This application consists of three pages; all three pages must be completed before the deadline. 
(Spring Semester Deadline: October 31, Fall Semester Deadline: April 30.)

Date: ________________

Name: __________________________________________ Banner ID #: ____________

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 places 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:

<table>
<thead>
<tr>
<th>Required Tests (UG)</th>
<th>Required Tests (UG and MAT)</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Praxis I</td>
<td></td>
</tr>
<tr>
<td>Reading: 175 ______</td>
<td>Praxis II _______ _______</td>
</tr>
<tr>
<td>Writing: 173 ______</td>
<td>PLT _______ _______</td>
</tr>
<tr>
<td>Math: 172 ______</td>
<td></td>
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</tbody>
</table>

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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Advisor                              Date     Advisor                              Date
_______________________________    _______________________________
Director/ CEEC                        Date     Dept. Chair                           Date
_______________________________    _______________________________
Dean                                 Date     Admissions & Monitoring               Date
_______________________________    _______________________________