

# APPLICATION FOR STUDENT TEACHING

## Record of Credits - Elementary



EVANGEL UNIVERSITY  
1111 N. Glenstone Avenue  
Springfield, Missouri 65802

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_ Student Teaching Level Desired:  1-3  4-6

Teaching Field (Major) \_\_\_\_\_ Semester You Plan to Teach:  Fall  Spring Year \_\_\_\_\_

Total College Hours Completed \_\_\_\_\_ Total Major Hours Completed \_\_\_\_\_

### General Education

### Minor

	<i>Semester Hours</i>		<i>Semester Hours</i>
English Composition	_____	_____	_____
Literature	_____	_____	_____
Art or Drama	_____	_____	_____
Music	_____	_____	_____
Speech	_____	_____	_____
Biblical Studies	_____	_____	_____
Science	_____	_____	_____
Mathematics	_____	_____	_____
Physical Education	_____	_____	_____
American History	_____	_____	_____
American Government	_____	_____	_____
Psychology	_____	_____	_____
Geography	_____	_____	_____
Economics	_____	_____	_____
Language	_____	_____	_____

### Professional Education

	<i>Semester Hours</i>		<i>Semester Hours</i>
EDUC 219 <i>Foundations of Education</i>	_____	EDUC 351 <i>Analysis/Corr. Reading Diff.</i>	_____
EDUC 220 <i>Practicum/Foundations of Ed.</i>	_____	EDUC 370 <i>Sci./Soc. Studies for Teachers</i>	_____
EDUC 221 <i>Curriculum &amp; Instr. Elem. Sch.</i>	_____	EDUC 371 <i>Teaching Practicum</i>	_____
EDUC 235 <i>Educational Technology</i>	_____	EDUC 417 <i>Educational Psychology</i>	_____
EDUC 251 <i>Communication Arts I</i>	_____	EDUC 434 <i>Tests and Measurements</i>	_____
EDUC 271 <i>The Exceptional Student</i>	_____	EDUC 451 <i>Communication Arts II</i>	_____
EDUC 330 <i>Children's Literature</i>	_____	EDUC 453 <i>Communication Arts Practicum</i>	_____
EDUC 331 <i>Math Practicum</i>	_____		
EDUC 332 <i>Methods-Elementary Math</i>	_____	PSYC 234 <i>Child Psychology</i>	_____
EDUC 340 <i>Fine Arts for Elem. Teachers</i>	_____		
EDUC 343 <i>PE/Health for Elem. Teachers</i>	_____		

*This student has sufficient background and personal qualifications to begin student teaching.*

Advisor \_\_\_\_\_ Major  Yes  No

Chair, Education Department \_\_\_\_\_ Major  Yes  No

*I hereby authorize the release of my transcript and other appropriate records for student teaching to the assigned school system.*

Signature \_\_\_\_\_ Date \_\_\_\_\_