

APPLICATION FOR STUDENT TEACHING

Record of Credits - Middle School Education Certified Grades 5 - 9



EVANGEL UNIVERSITY
1111 N. Glenstone Avenue
Springfield, Missouri 65802

Name _____ Social Security # _____

Phone _____ E-mail Address _____ Student Teaching Level Desired _____

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

Total College Hours Completed _____ Total Major Hours Completed _____

General Education

	<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	_____

Names of Courses Completed in Concentration

	<i>Semester Hours</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Professional Education

	<i>Semester Hours</i>
EDUC 219 <i>Foundations of Education</i>	_____
EDUC 220 <i>Practicum/Foundations of Ed.</i>	_____
EDUC 223 <i>M.S. Phil., Org. & Curr.</i>	_____
EDUC 235 <i>Educational Technology</i>	_____
EDUC 251 <i>Reading/Language Arts I</i>	_____
EDUC 271 <i>The Exceptional Student</i>	_____
EDUC 352 <i>Methods Reading/Content</i>	_____
EDUC 353 <i>Methods/Teaching Middle School</i>	_____
EDUC 353 <i>Methods/Teaching Middle School</i>	_____
EDUC 354 <i>Practicum Middle School</i>	_____
EDUC 354 <i>Practicum Middle School</i>	_____

	<i>Semester Hours</i>
EDUC 417 <i>Educational Psychology</i>	_____
EDUC 434 <i>Tests and Measurements</i>	_____

Complete two concentrations (one 24-hour and one 21-hour) from the following:

- Language Arts 24
- Mathematics 24
- Science 24
- Social Science 24
- Business 21
- Spanish 21
- French 21

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

Advisor _____ Major Yes No
 Concentration Area Advisor _____ Concentration 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 _____