

# APPLICATION FOR STUDENT TEACHING

## Record of Credits - Secondary



EVANGEL UNIVERSITY  
1111 N. Glenstone Avenue  
Springfield, Missouri 65802

Name \_\_\_\_\_ ID # \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_ If Music:  Vocal  Instrumental

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

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

### General Education

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

### Names of Courses Completed in Major Field

	<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 222 <i>Curriculum &amp; Instr. Sec. Sch.</i>	_____
EDUC 235 <i>Educational Technology</i>	_____
EDUC 271 <i>The Exceptional Student</i>	_____
EDUC 336 <i>Methods in Secondary Teaching</i>	_____
EDUC 352 <i>Meth. Tch. Reading/Content Area</i>	_____
EDUC 397 <i>Mid-level Secondary Practicum</i>	_____
EDUC 417 <i>Educational Psychology</i>	_____
EDUC 434 <i>Tests and Measurements</i>	_____
EDUC 497 <i>Practicum/Subject Area Specialty</i>	_____
PSYC 235 <i>Adolescent Psychology</i> or	_____
PSYC 237 <i>Lifespan Development</i>	_____

### Names of Courses Completed in Minor Field

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

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

Advisor \_\_\_\_\_ Major  Yes  No Minor  Yes  No  
Chair, Department of Major \_\_\_\_\_ Major  Yes  No Minor  Yes  No  
Chair, Teacher Education Committee \_\_\_\_\_

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

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