

Marietta College Education Department
Application for Student Teaching
Intervention Specialist License

Student Teaching Semester: _____ Fall _____ Spring _____ 20_____

Name _____ Email _____

Campus Address _____ Phone _____

Permanent Address _____ Home Phone _____

Academic Advisor _____

This section to be completed by Education Department

Date of Admission to Professional Licensure _____

Cumulative G.P.A. _____ as of _____ G.P.A. in Education Courses _____

Engl 101 _____ Comm 101 _____

Educ 110 _____	Educ 141 _____	Educ 130 _____	Educ 202 _____	
Educ 253 _____	Educ 241 _____	Educ 321 _____	Educ 341 _____	Educ 322 _____
Educ 361 _____	Educ 360 _____	Educ 410 _____	Educ 431 _____	Educ 342 _____
Educ 343 _____	Educ 344 _____	Educ 345 _____	Educ 348 _____	Educ 359 _____
Educ 453 _____	Educ 454 _____	Educ 455 _____	Educ 456 _____	

Praxis II PLT: _____ Pass _____

Praxis II Core Knowledge _____ Pass _____

Praxis II Reading (_____) _____ Pass _____

Praxis II Content 2 (_____) _____ Pass _____

Recommendation by Education Department: _____ Yes _____ No

Department Chair Signature _____

Date _____