

Marietta College Education Department
Application for Student Teaching
Middle Childhood 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 _____

Concentration Area 1 (_____) _____ Concentration Area 2 (_____) _____

Engl 101 _____ Comm 101 _____

Educ 110 _____ Educ 131 _____ Educ 130 _____ Educ 202 _____
Educ 253 _____ Educ 231 _____ Educ 321 _____ Educ 331 _____ Educ 322 _____
Educ 361 _____ Educ 363 _____ Educ 430 _____ Educ 431 _____
Educ 463 _____ Educ 464 _____ Educ 465 _____ Educ 466 _____

Praxis II PLT: _____ Pass _____
Praxis II Content 1 (_____) _____ Pass _____
Praxis II Content 2 (_____) _____ Pass _____

Recommendation by Content Area Faculty: _____ Yes _____ No

Faculty Name _____ Department _____

Faculty Name _____ Department _____

Recommendation by Education Department: _____ Yes _____ No

Department Chair Signature _____

Date _____