***APPLICATIONS ARE DUE TO JDAVIS-YOAKUM2@UNL.EDU***

**CEHS ROOTS Endorsement**

**Student Teaching Application**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **You must have successfully completed coursework, including methods, to qualify for student teaching placement.**
* Please contact the ROOTS program for assistance in completing your student teaching application. Contact Nancy Engen-Wedin at 402-472-3856 or 402-472-7956 or nengenwedin2@unl.edu.
* Please notify the ROOTS program about any changes in your contact information.
* You must complete a criminal background check prior to student teaching placement. You will be notified of next steps after your application has been received and processed. You are responsible for the cost of this background check.
* If you have questions about the student teaching application, please contact Dr. Sara Skretta at 402-472-5428 at jdavis-yoakum2@unl.edu

Completed applications must be submitted via email to jdavis-yoakum2@unl.edu, or mailed to Joanna Davis-Yoakum, 116 Henzlik, POS Box 880371, University of Nebraska-Lincoln, Lincoln, NE 68588-0371. **A cover letter and resume must accompany your application**. Please refer to the Career Services webpage for examples.

Name UN-L Identification #

 First M.I. (Maiden) Last

Lincoln Address       Zip      Phone

Permanent Address

 Street City Zip

Phone E-mail      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the endorsement & level you are completing:**

Initial Field or Subject Endorsement (i.e., ELED K-6 or Social Sciences 7-12) \_\_\_\_\_\_\_\_\_\_\_\_\_

Second Field or Subject Endorsement (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list your Cumulative GPA** (must have a 2.75 to student teach): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate the district and/or building where you would like to complete your student teaching semester. (**List community and school name, ie. Winnebago, Winnebago Public Schools)

1st Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other District (please specify district and building) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Advisor Signature Date**

***(indicates all required coursework completed, required GPA has been met & student is eligible for a placement)***

UN-L Identification #      \_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR FIELD PLACEMENT**

**HEALTH INFORMATION**

Answers to these questions are voluntary and allow the field placement office to find the best possible placement for each student and accommodate any health conditions.

Name:                   Date of Birth: \_\_\_\_\_\_\_\_\_\_

 First M.I. (Maiden) Last

            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address Phone

Describe briefly any condition related to your health which should be considered in your student teaching placement to aid UNL in finding the best possible and/or accessible locale for you.

Person to be notified in an emergency:

Name       Phone:

Address City State Zip

The above information is complete to the best of my knowledge.

Date Signature