Undergraduate Student Teaching Application for Academic Review

Application L	Jeadiin					-		-	(spring seme fall semester)				
Please Print:		P' (N							D				
Last Name		First Name						toto 7in	_ Date:				
Phone					Emai	City, State, Zip			@agwaga adu				
Major: ADO	First Name City, State, Zip CD# Email Concentration Area:						(w)oswego.edu						
Wildjor. 71DO		Ciiii	anoou _		001	icentiation	r r ireu.						
Advisor Name:						Current GPA							
I plan to student teach in New York City.										Yes	No No		
I have applied	d for _		graduation online through myOswego.								Yes	□ No	
month/year													
1. Please check all cognate courses that are completed or you are currently registered in (explain below if any requirements have not been met): HDV													
	PSY 100	322 or HDV 323	Literac waiver or class	exam	(com	Language (completed in high school or college)		MAT 206	Natural Science w/ Lab	majors (a	ittach c	ertificate)	
			Exam	Class		College							
Adolescence													
Childhood													
TESOL		<u> </u>	<u> </u>			<u> </u>		_	-	-			
2. Please check all items that are completed or you are currently registered in:													
a satisfactory grade in all prior field placements SSHS 1020 Safe Schools/Healthy Students - if in progress check here: DASA Training - if in progress check here: All "block" education courses and cognate courses completed with a grade of C- or higher Minimum of 80% completed in concentration with a grade of C- or better Minimum cumulative GPA of 2.50 or higher													
3. Explain an	y requ	irements	not me	et and ho	ow yo	u will ful	fill thes	e requir	ements pri	or to stud	ent tea	ching:	
I understand the above requirements must be met for student teaching eligibility and that they do not necessarily fulfill all of my graduation requirements. Signature													