



The City University of New York

Hunter College School of Education • Department of Special Education
Behavior Disorders
Student Teaching Application

Deadlines for Application

November 1st (Spring) – March 1st (Summer/Fall)

Application must be submitted the semester before you want to be considered for practicum/student teaching.

Student teaching application is for: Semester: _____ Year: _____

You must meet the following requirements in order to qualify for student teaching:

- Have an overall GPA of at least 3.0
Have no outstanding incompletes (INs)
Completed at least 15 SPED credits, including the pre-student teaching field experiences that are part of SPED 700, 701, & 702
Have taken or be registered concurrently for at least one methods course

Attach the following materials to this application:

- A copy of your medical insurance card
A copy of your current transcript (official or unofficial)
A copy of your LAST score

Applicant information:

Name: _____ Last Four Digits of SS#: _____

Hunter College E-mail: _____ Other Email: _____
You must have access to your Hunter College e-mail address.

Home Address: _____
Street City State Zip

Daytime Phone: _____ Home/Other Phone: _____

LAST Score: _____
Attach a copy of your LAST score

Current GPA: _____
Attach a copy of your current transcript



Please indicate the course for which you are applying:

<u>Course</u>	<u>Title</u>	<u>Credits/Days</u>
<input type="checkbox"/> SPED 752	Student Teaching: Behavior Disorders, Grades 1-3 and 4-6	4 Credits
<input type="checkbox"/> SPED 752.50	Student Teaching: Behavior Disorders, Grades 1-3	2 Credits
<input type="checkbox"/> SPED 752.51	Student Teaching: Behavior Disorders, Grades 4-6	2 Credits

Preferred age/grade level: _____ Preferred service arrangement: _____

Will you need a school that will be accessible via public transportation: Yes No

Other preferences:

Applicant Signature: _____

Date: _____

TO BE COMPLETED BY ADVISOR ONLY

2cr: _____ 4cr: _____

Field Hours: _____ Methods Course: _____ LAST: _____ Medical: _____

Advisor Name: _____

Advisor's Signature: _____

Date: _____