

Seton Hall University
College of Education and Human Services
APPLICATION FOR SENIOR CLINICAL TEACHING-Undergraduate

Please read through this application, check each box, and sign below to indicate you understand the requirements. The form and all required documents must be returned to the Office of Field Placement and Supervision. If you are applying for the FALL, the due date is December 5. If you are applying for the SPRING the due date is April 1.

I am applying for a Fall placement I am applying for a Spring placement

INCOMPLETE applications will NOT be processed.

This application requires the signature of your ACADEMIC ADVISOR.

A **receipt from Enrollment Services for \$100.00** to cover the placement fee must accompany this application. You will need to provide the following account number to enrollment services: 022715-4370. (The fee is nonrefundable.)

You must be registered for a seminar course (EDST 4001 for ESED; EDST 4500 for SECD, and EDST 4120 for DVSL) when you are doing your senior teaching.

4 copies of your resume must be turned in with this application.

The Health and Mantoux Test form must be signed by a Health Care Provider ONE MONTH before student teaching begins. The New Jersey Education Licensing Code requires that you have a **new** Mantoux test before you begin senior teaching. (If the form is not in by the day of senior convocation, you may NOT begin your teaching.)

Signature/Date: _____

NAME: _____
SHU Email: _____
PHONE: (where you can always be reached) _____
Permanent Address: (where you regularly receive mail from semester-to-semester)

Dormitory Address: (the semester before you begin your senior teaching)

SENIOR CLINICAL PLACEMENT REQUEST
Undergraduate

Name: _____

Education Major: _____ Content Major: _____

I am requesting a placement for: Fall semester Spring Semester

Please list four DIFFERENT school districts below in order of preference. You may list a school under a district, but you CAN NOT list four different schools within the same district on the four lines below. Please give careful consideration to your order of preference because changes can not be made once your application has been processed.
**The Office of Field Placement and Supervision can not guarantee that you will receive your first choice.

1. _____

2. _____

3. _____

4. _____

Signature: _____

Faculty Advisor: _____ Date: _____