



STUDENT TEACHING SERVICES

Employees of partnering school systems may be eligible for the following:

- Tuition and fees at partnering universities of up to \$600 for each 3 hour course during the student teaching semester (Financial aid must be exhausted before NCMTEC funds are used.)
- Monthly stipend of up to \$1100 when required to take an unpaid leave of absence for the student teaching days

STUDENT TEACHING SERVICES REQUEST PROCEDURE:

Part I – Complete the Student Teaching Prior Approval Form the semester before you are scheduled to do your student teaching. Submit your form by June 1 for Fall Student Teaching and by October 1 for Spring Student Teaching. If the date has passed, please call Catherine Allen at 252-862-4260.

Part II - Complete and submit the following seven items in one packet to the address below, by August 1 for Fall Student Teaching and by December 1 for Spring Student Teaching. If the date has passed, please call Catherine Allen at 252-862-4260.

Please initial each box to indicate that you have included ALL of the following required items in one envelope. (Do not mail incomplete packets.)

- 1. Student Teaching Service Request Form
- 2. A copy of your last paycheck or direct deposit stub (if you are part time, please see Eligibility)
- 3. A copy of your Student Aid Report from completion of the FAFSA
- 4. A copy of your university course schedule
- 5. The original copy of your tuition invoice with tuition and fee charges including financial aid (must show itemized cost)
- 6. A letter from your school system's personnel administrator stating your exact dates of leave and whether you are on or off the school system payroll
- 7. A letter from your advisor or chair of the department at the university where you are enrolled stating that you are in good standing in a degree-seeking or licensure only program. This needs to include the dates (matching the dates on the Request Form) for which you are assigned student teaching duties in your assigned school. (Seminar dates should not be included.)

Please initial each box above and place these seven items in one envelope and mail to:

NC Model Teacher Education Consortium
Student Teaching Services
PO Box 1005
Ahoskie, NC 27910

FAXED packets will not be accepted.

If approved, your stipend check will be mailed each month during the student teaching period. Checks will be mailed to your home from UNC General Administration. Tuition checks will go directly to the university.



STUDENT TEACHING SERVICE REQUEST FORM

DUE AUGUST 1 FOR FALL STUDENT TEACHERS

DUE DECEMBER 1 FOR SPRING STUDENT TEACHERS

GENERAL INFORMATION *(Please print clearly and fill in all spaces.)*

Date: _____ **SSN:** _____ **Date of Birth:** _____
month/day/year

Name: _____
last first middle

Address: _____
street/apt. #/PO box # city state zip code

Ethnicity: _____ (AA- African America, AS-Asian, C-Caucasian, H-Hispanic, NA-Native American, O-Other) **Gender:** _____

Home Phone: (_____) _____ **Cell:** (_____) _____ **Work:** (_____) _____

Email Address: _____ **I have a 4-year degree:** YES NO

Current Position Held: _____ **Major:** _____

School System: _____ **School Name:** _____

STUDENT TEACHING INFORMATION

Enrollment Term: _____ **Course #:** _____ **# of Hours:** _____

College or University: _____ **Department:** _____

I am requesting a stipend: YES NO

I am requesting tuition assistance in the amount of \$ _____

School Assigned for Student Teaching: _____

School System: _____

Grade(s)/Subject(s): _____

Student Teaching Beginning Date: _____ **Ending Date:** _____

Confirm your actual student teaching beginning and ending dates. They must be the same on ALL documents that you submit.

FINANCIAL AID AND SIGNATURE

I am currently receiving Financial Aid (grants and scholarships) YES NO

If **Yes**, my Financial Aid sources are _____ at (name of university) _____.
I am aware of the fact that these sources of financial aid will be utilized FIRST to pay for my tuition. I understand that if NCMTEC funds are not available, I will be responsible for payment to the university.

I give the university from which I have taken courses, school system and NC Department of Public Instruction, permission to release my total educational, licensure and employment records to the NC Model Teacher Education Consortium. Released information will be used for Consortium purposes only.

Signature: _____ **Date:** _____

**Mail this form and your Student Aid Report to:
NCMTEC, Student Teaching Prior Approval, PO Box 1005, Ahoskie, NC 27910**