



STUDENT TEACHING PRIOR APPROVAL FORM

DUE JUNE 1 FOR FALL STUDENT TEACHERS

DUE OCTOBER 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 four year degree:** Yes No

Presently Employed by: _____ (Name of NCMTEC partnering school system)

School Name: _____ **Current Position Held:** _____

Signature of School System Human Resources Director: _____

STUDENT TEACHING INFORMATION

Student Teaching Semester (full time): _____ **College Advisor:** _____

Student Teaching Course Prefix & Number: _____ **Number of Hours:** ____ **Tuition Amount:** _____

Additional Course(s) Prefix & Number: _____ **Number of Hours:** ____ **Tuition Amount:** _____

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

I will request tuition assistance from NCMTEC: Yes No

While on my "Leave of Absence," I will: Remain on the payroll Be off of the payroll

I have passed the Praxis II test for my major: Yes No Not taken Not required

FINANCIAL AID AND SIGNATURE

In order to request assistance from NCMTEC, applicants must apply for Financial Aid by filling out the FAFSA(www.fafsa.ed.gov) and include the Student Aid Report with this form.

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 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