School of Music
APPLICATION FOR STUDENT TEACHING

Submit to Sharon Johnston in CFA 108.
After your academic audit has been reviewed, your application will be forwarded to Natalie Ozeas.

Name _____ Today's Date _____

Student teaching lasts for one semester (14 weeks). Typically, your first 7 week placement will be in elementary school general music and your second 7 week placement will be in high school. You may declare a choice of an instrumental or vocal placement for your high school experience. You will be notified of your student teaching location during or before the summer prior to the academic year for which student teaching is requested.

1. For which semester and year are you requesting student teaching placement? (circle semester):

    Fall   Spring   Year _____

2. Circle your secondary school placement preference:

    Instrumental   Vocal

3. Circle your anticipated Pittsburgh address during student teaching:
    An effort will be made to place you at a school near your Pittsburgh address.

    Oakland/Center city   North   East   West

4. Give your <u>summer</u> mailing address and email address prior to student teaching:

    _____
    Street   City   State   Zip

    _____
    Email Address

5. Give your summer mailing address phone number, if available: (_____) _____

6. Give your preferred email address for the academic year (Aug.-May): _____

7. Attach a copy of your academic audit, available at https://acis.as.cmu.edu/gale2/audit/degreeaudit.html, to this application.
    If applicable, on the audit note the status of each requirement marked as unfilled (completed at CMU, but missing from your academic record; completed or in process at another school – transfer credit pending; other). The School of Music registers students for student teaching, and you will not be registered until all of your music education requirements have been completed.

*   *   *   *   * For Office Use Only *   *   *   *   *

Elementary Placement:

_____   _____   _____
Cooperating Teacher   School   School Phone

_____   _____   _____
Administrative Contact   Street Address   City   Zip

Secondary Placement:

_____   _____   _____
Cooperating Teacher   School   School Phone

_____   _____   _____
Administrative Contact   Street Address   City   Zip

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