

<b>NAZARETH UNIVERSITY</b>
<b>Undergraduate/Graduate Music Student Teaching Application</b>

The Student Teaching Application Form is for all teacher candidates who plan to student teach. It is your responsibility to *review the Student Teaching Information Packet*. In addition, you are responsible for returning the following documents to the Office of Clinical Experiences and Partnerships by the application due date.

- **Undergraduate/Graduate Music Student Teaching Application**
- **Resume** *in the preferred School of Education format*

Please submit the completed application and a copy of your resume to [fieldexp@naz.edu](mailto:fieldexp@naz.edu).

**Application Due Date**

<b>Fall Student Teaching Applicants</b>	November 1 <sup>st</sup>
<b>Spring Student Teaching Applicants</b>	February 1 <sup>st</sup>

<b>Program</b>	
Music	
<b>Certification Level</b>	
Initial	
<b>Degree Level</b> <i>(choose one based on your degree level)</i>	
Undergraduate	Graduate
<b>Semester/Year</b>	
Fall _____	Spring _____

ID#: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle Maiden*

Address where you will be *during student teaching* (please include City/State/Zip)

\_\_\_\_\_

Nazareth Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

1. School district(s) and building(s) where you attended school.  
(For Example: Penfield CSD- Scribner Elementary; Greece CSD-Athena Middle School; RCSD- East High School)

Elementary: \_\_\_\_\_

Middle: \_\_\_\_\_

High: \_\_\_\_\_

2. School district(s) and building(s) where you are/have been employed (E), volunteered (V), or had an internship (I) that was not part of your program. (as applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. School district(s) and building(s) where a family member(s) are attending school (A) or currently employed (E) include relationship: (Example: Webster CSD-Klem North-Children (A); Hilton CSD -Quest Elementary-Wife (E))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. School district(s) and building(s) where you have had field experiences include course (For Example: Brighton-French Roads (INCL501; RCSD – School 34 (AED 502)).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Undergraduates Only:**

Are you a collegiate athlete?                      No                      Yes, If yes, what sport? \_\_\_\_\_

Approximate Practice Time(s) \_\_\_\_\_

6. **Graduates Only:**

Did you complete or are you working on any extensions/annotations in your graduate program?

No                      Yes (If yes, indicate the extension/annotation below)

Bilingual

Severe and Multiple Disabilities

Gifted & Talented

7. Are you the recipient of the TOCII grant?                      No                      Yes

8. Are you bi- or multi-lingual?      No      Yes, if yes, in what language(s)? \_\_\_\_\_

Are you interested in student teaching in a bilingual classroom?      No      Yes

9. Do you wish to share that you have a documented disability, accessibility, or medical concern that may pose a barrier to your student teaching experience and require reasonable accommodations that you will/have acquired through the Office of Student Accessibility Service (SAS)?

No

Yes      *(If yes, set up a meeting(s) with the Director of the Office of Clinical Experiences and Partnerships to discuss the specifics and determine the next steps.)*

10. Is there any other pertinent information regarding placement requirements?

*Example 1: I do not have a license or a car, so I will need to be close to my place of residence to Uber.*

*Example 2: I have a travel constraint due to childcare requirements.*

*Example 3: I am interested in being a teacher in an Urban School District.*

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Please note: The Office of Clinical Experiences and Partnerships (OCEP) will review the information above. OCEP will **try** to coordinate the placement based on the information you have provided; however, OCEP **cannot** guarantee that we will be able to coordinate your placement based on what you have shared.

11. Dates (Semester/Year) you have taken or plan to take the following required courses.

*These courses **must be completed before** beginning your student teaching placement.*

**New York State Fingerprinting** \_\_\_\_\_

**EDU 475/583 Health Education, Child Abuse & Violence Prevention** \_\_\_\_\_

**EDU 485/585 Dignity for All Student Act (DASA) Workshop** \_\_\_\_\_

**Bloodborne Pathogen Training** completed yearly \_\_\_\_\_

12. Tentative dates (Semester/Year) on which you plan to register for the New York State Teacher Exams or the exact date on which you have taken the New York State Teacher Exams:

**Educating All Students Test (EAS):** \_\_\_\_\_

**Certification Content Area Test (i.e., Music)** \_\_\_\_\_

*Consult the [Nazareth Certification Website](#) for the recommended testing time frame.*

*Consult the [NYS Teacher Certification Exam Website](#) to register for exams and find test prep materials.*

# **TEACHER CANDIDATE AGREEMENT**

*Please check each box to indicate that you have read and understood the information below.*

## **Student Teaching Information Packet:**

I have read the *Student Teaching Information Packet* and understand the contents of that document as it applies to the student teaching professional semester.

## **Resume:**

I understand I must provide a copy of my resume with this application. I understand that I am encouraged to follow the Nazareth University preferred School of Education resume format. *(Please refer to the [Office of Clinical Experience and Partnership website](#) for further information.)*

## **Undergraduate Prerequisite Requirements:**

As an undergraduate student, I understand I am required to complete my New York State Fingerprinting, EDU 475 Education, Child Abuse & Violence Prevention and EDU 485 Dignity for All Students Act (DASA) Workshop, and the annual Bloodborne Pathogen Training prior to beginning my professional semester.

## **Undergraduate Student Teaching Professional Semester Eligibility:**

As an undergraduate student, I understand that my eligibility to enroll in and complete my professional semester is dependent upon the successful and timely completion of all prerequisite courses and paperwork. I understand that approval to enroll in and complete the professional semester is based on satisfactory academic, interpersonal, and professional performance including having and maintaining a 3.0 overall GPA or higher (undergraduate students). If I fall below the required overall GPA, I understand that I will not be able to do my student teaching. I understand that formal approval must be given by the appropriate program directors, advisors, and department chairpersons.

## **Graduate Prerequisite Requirements:**

As a graduate student, I understand that I am required to complete my New York State Fingerprinting, EDU 583 Health Education, Child Abuse & Violence Prevention, EDU 593 Dignity for All Students Act (DASA) Workshop, and the annual Bloodborne Pathogen Training before beginning my professional semester.

## **Graduate Student Teaching Professional Semester Eligibility:**

As a graduate student, I understand that my eligibility to enroll in and complete my professional semester is dependent upon the successful and timely completion of all prerequisite courses and paperwork. I understand that approval to enroll in and complete the professional semester is based on satisfactory academic, interpersonal, and professional performance including having and maintaining a 3.0 overall GPA or higher. If I fall below the required 3.0 overall GPA, I understand that I will not be able to do my student teaching. In addition, if I have received a third "C" grade (C or C+) and therefore must retake a course because of this, I understand the course must be retaken before beginning a student teaching placement. I understand that formal approval must be given by the appropriate program directors and advisors.

## **Transportation:**

I understand that all placements are made **within an hour radius** of Nazareth University. I understand that I am responsible for providing transportation to and from my assigned schools and that I may be required to travel **up to one hour each way** from the address put on the student teaching placement. I understand that if my address changes between the time my application is submitted and the time placements are made, it is my responsibility to provide the Office of Clinical Experiences and Partnerships with my new address.

## **TEACHER CANDIDATE AGREEMENT *continued...***

### **Documented Disability:**

I understand I am required to perform the Essential Functions for a Professional Educator, as described in the Guide to Student Teaching. I also recognize that there can be no exemption for performing tasks necessary and required during the professional semester. (Please see the Essential Functions for a Professional Educator in the Guide to Student Teaching).

I understand that if I have a documented disability or other identifiable need and have signed a confidential release of information form, I should discuss the situation in confidence with the Director of the Office of Clinical Experiences and Partnerships and the Student Accessibilities Services Office. The Director of the Office of Clinical Experiences and Partnerships and Student Accessibilities Services Office will determine if there is a reasonable accommodation to assist in completing the professional semester and if there may be placement(s) who can support the request. To provide ample time to review my accommodation request, I understand that I must meet the Director of the Office of Clinical Experiences and Partnerships and Student Accessibilities Services by the end of the semester in which I submit my application for student teaching (e.g., if I apply for student teaching in the Fall, I must meet with the Director of the Office of Clinical Experiences and Partnerships and Student Accessibilities Services before the Fall semester ends in December.). If my request is submitted after the deadline, I understand that the Director of the Office of Clinical Experiences and Partnerships and Student Accessibilities Services may be unable to support my request as options may be more limited due to the placement process timeframes.

### **Placements:**

I understand the process by which placements are made and that I am **not** to obtain a placement on my own. I understand that placements are based on many factors and not solely on my personal needs.

### **NCAA Division III:**

I understand that as a Nazareth University collegiate athlete, I should notify my education program director of my participation on a sports team. I need to submit a copy of my schedule to my school-based teacher educator (SBTE) and university-based teacher educator (UBTE) before my placement begins. I understand that I am permitted to leave my placement early for games and tournaments only and that these arrangements must be discussed with my SBTE and UBTE in advance. If I miss more than 3 full days, I will be required to make up those days at the end of the semester, regardless of the reason. (Please see the *Teacher Candidate Athletic Policy* in the *Undergraduate Student Teaching Information Packet*)

## **STUDENT ACKNOWLEDGEMENT**

By completing and submitting this Student Teaching Application Form, I agree that:

I have read and understand the information in both the *Undergraduate Student Teaching Application Form* and the *Undergraduate Student Teaching Information Packet*.

It is my responsibility to adhere to policies, procedures, and expectations in these documents and as specified by Nazareth University.

I have asked for clarification as needed, and I fully understand the student teaching application process and my responsibilities in this process.

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Teacher Candidate's Electronic Signature

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Date

# MUSIC EDUCATION—ONLY UNDERGRADUATES COMPLETE PROGRAM SPECIFIC INFORMATION

Name: \_\_\_\_\_  
*Last*
*First*
*Middle*
*Maiden*

On the line before each requirement in your professional sequence, indicate the semester in which it was met or will be met (ex. Fall 18) by the time you intend to student teach. If the course is not part of your program of study place *NA* in the blank. For assistance, refer to the transcript which is a complete copy of your academic record at Nazareth University thus far.

## MUSIC (K-12) B.MUS.

- \_\_\_\_\_ MED 101 Orientation to Music Education
- \_\_\_\_\_ MED 102 Introduction to Music Education
- \_\_\_\_\_ SPF 204 History & Philosophy of Education
- \_\_\_\_\_ MED 208 Psychological Foundations of Education
- \_\_\_\_\_ MED 103 Percussion Tech I
- \_\_\_\_\_ MED 104 Percussion Tech II or MUS 243 Diction I
- \_\_\_\_\_ MED 105 Brass Tech I
- \_\_\_\_\_ MED 106 Brass Tech II OR MUS 244 Diction II
- \_\_\_\_\_ MED 203 Woodwind Tech I
- \_\_\_\_\_ MED 204 Woodwind Tech II OR MUS 441 Vocal Pedagogy
- \_\_\_\_\_ MED 205 String Tech I
- \_\_\_\_\_ MED 206 String Tech II (Instrumental only)
- \_\_\_\_\_ MED 299 Orientation to the Professional Semester
- \_\_\_\_\_ MED 301 Secondary Music Education Methods
- \_\_\_\_\_ MED 302 Elementary Music Education Methods
- \_\_\_\_\_ EDU 475 Health Ed /Child Abuse/Violence Workshop
- \_\_\_\_\_ EDU 485 Bullying & Discrimination Prevention Workshop
- \_\_\_\_\_ Fingerprinting completed

- \_\_\_\_\_MUS 272 Introduction to Conducting
- \_\_\_\_\_MUS 371 Choral Conducting
- \_\_\_\_\_MED 374 Choral Tech & Literature
- \_\_\_\_\_MUS 372 Instrumental Conducting
- \_\_\_\_\_MED 373 Band Tech & Literature
- \_\_\_\_\_MED 375 String Tech & Literature

## Foreign Language Requirement

- \_\_\_\_\_Foreign Language I

## Indicate Semester Passed

- \_\_\_\_\_MUS 278 Sight Singing Proficiency Exam
- \_\_\_\_\_MUS 279 Keyboard Proficiency Exam

## Professional Semester

- \_\_\_\_\_MED 401 Special Ed. Methods in Music Ed.
- \_\_\_\_\_MED 403/603 Seminar in School Music
- \_\_\_\_\_MED 465/665 Student Teaching

**CUM: GPA \_\_\_\_\_ First semester transfer students will be recommended conditionally until a grade point average has been established at Nazareth University. All students must have a GPA of 3.0 or higher to continue in an education program at the end of the spring semester.**

All necessary coursework as designated by the University Catalog and Program Director/Advisor must be completed prior to beginning a student teaching or practicum placement. Any incomplete grades received must be resolved prior to the placement start date. Any unresolved "I" grades will result in a postponement of the student teaching experience until the following program cycle.

**MUSIC EDUCATION–ALL STUDENTS COMPLETE (UG & GR)  
PROGRAM SPECIFIC INFORMATION**

**Name:** \_\_\_\_\_  
*Last First Middle Maiden*

**1. Indicate your area preference for Elementary Placement:**

Vocal/General                      Instrumental (Band)                      Instrumental (Strings)

Major Instrument: \_\_\_\_\_

**2. Indicate your area preference for Secondary Placement:**

Vocal/General                      Instrumental (Band)                      Instrumental (Strings)

Major Instrument: \_\_\_\_\_

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**APPLICATION STATUS**

(Completed by the Program Director/Coordinator)

**Program Director/Coordinator comments:**

**Status:**

approved, pending successful completion of all necessary coursework

not approved – reason \_\_\_\_\_

pending – reason \_\_\_\_\_

\_\_\_\_\_  
Program Director/Coordinator Signature

\_\_\_\_\_  
Date

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