

**Application for Student Teaching**  
**Fall Semester: Due First Full week of March**  
**Spring Semester: Due First Full Week of October**

**Application for Student Teaching leading toward Initial License in:**

\_\_\_\_\_  
Massachusetts Educator's License (include discipline and level)

\_\_\_\_\_  
First name                      Middle initial                      Last name                      (maiden name if applicable)  
UMS Student ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

UMB Student Email address: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

\_\_\_\_ **I currently hold and have attached a copy of the following Massachusetts Teaching Licenses**

Massachusetts Teacher License Field \_\_\_\_\_ License# \_\_\_\_\_

**Please submit the following documents to Aimee D'Avignon, W-2-99-1:**

\_\_\_\_\_ Copy of **ELAR** Activity Summary Page **AND** **ELAR** Summary of Test Scores

\_\_\_\_\_ Unofficial Transcript (from WISER) with GPA and courses required for your education program highlighted.

\_\_\_\_\_ WISER schedule of courses you are currently taking with courses required for education program highlighted.

\_\_\_\_\_ Documentation for any required courses for which you've been granted a waiver.

\_\_\_\_\_ List of any required courses which you have yet to take and when you plan to take them.

\_\_\_\_\_ Documentation of at least 75 Pre Practicum Hours

\_\_\_\_\_ Copy of your supervising practitioners' licenses

\_\_\_\_\_ **Elementary Teaching Level only:** Photocopy of Health Workshop attendance.

\_\_\_\_\_ **Special Education only:** Submit practicum proposal to Aimee D'Avignon ([aimee.davignon@umb.edu](mailto:aimee.davignon@umb.edu)) as an email attachment.

\_\_\_\_\_ **Early Childhood only:** Submit practicum proposal to both Aimee D'Avignon ([aimee.davignon@umb.edu](mailto:aimee.davignon@umb.edu)) and [early.childhood@umb.edu](mailto:early.childhood@umb.edu) as an email attachment. Include information such as the name of your practicum site(s), cooperating teacher, and your plan to distribute your practicum hours as required by ESE regulations (Prek-K, 100 hours, and 1st-2nd grades, 200 hours).

**Please Check ONE of the Following:**

\_\_\_\_ **I am currently teaching in the position sought for licensure**

\_\_\_\_ **I am in need of assistance in finding a placement**

I have read and completed all areas of the application and provided all requested documentation as requested (and per program/department insert, if applicable). Sign: \_\_\_\_\_

Date: \_\_\_\_\_