



Student Teaching Request Form

Please Check One:

- ☐ Student Teacher
☐ Practicum/Internship
☐ Observer

Currently Possess (Check All That Apply):

- ☐ TB Test Results
☐ Fingerprinting Record
☐ NJ Teaching Substitute Certification

Basic Information:

Student's Name: _____

Student's School Email: _____

College/University: _____

Advisor's Name: _____

Advisor's Email: _____

Specifics:

Total Hourly Requirements: _____

Area of Study/Major: _____

Semester Requested: ☐ Fall 2025 ☐ Spring 2026 ☐ Fall 2026

School Level Preferred: ☐ K-4 ☐ 5-6 ☐ 7-9 ☐ 10-12

Grade Preference: _____

Placement consideration will not be reviewed without a resume, unofficial transcripts, and course syllabus.

FOR DEPARTMENT USE ONLY

☐ Approved

☐ Not Approved

School Assigned: _____

Cooperating Teacher: _____

Cooperating Teacher's Email: _____