Metropolitan State University

Urban Teacher Program
Notification of Intent to Student Teach

This form is due to the Field Experience Coordinator at least two (2) semesters before you plan to student teach.

Contact Information

Last Name | **MI** | **First Name** | **Date of Birth** | **Metropolitan State TechID#**

Current Mailing Address

City | **State** | **Zip** | **County**

Primary Number (optional) ----Type----

Secondary Number (optional) ----Type----

University Email Address

@go.metrostate.edu

Education Advisor

I intend to teach…

Semester

- ○ Spring 20
- ○ Summer 20
- ○ Fall 20

Age/Grade

- ☐ Infant-Toddlers
- ☐ Pre-K/Kindergarten
- ☐ Grades 1-3
- ○ Grades 4-6
- ○ Middle/Jr. High School
- ○ Senior High School

Study Area

- ○ Early Childhood Education
- ○ Elementary Education
- ○ Communication Arts & Literature
- ○ Life Science – Biology
- ○ Mathematics
- ○ Social Studies

District

- ○ Minneapolis – 1
- ○ St. Paul – 625
- ○ Osseo – 279
- ○ Bloomington – 271
- ○ Other

Responsibilities

*I understand that completing this form does not guarantee that I will be allowed to student teach in the semester or school level that I intend. The actual semester and location of my placement will largely depend on satisfactorily completing various forms and tasks in a timely manner. My signature below acknowledges that I have received the **UTP Guide to Student Teaching**, that I will complete the required items as stated in the Guide, and that I will contact the Field Experience Coordinator or my education advisor if I have any questions or change in plans. I also understand that the Field Experience Coordinator will ask that a **criminal background check** be completed for me prior to student teaching using the information I provide below.*

Date

☐ *I wish to submit this form electronically. Electronic submission of this form will only be accepted from a Metropolitan State University email address; as such, an electronic submission via university email address will be accepted as your electronic signature.*

Signature

Office Use Only

Intent to Student Teach Received on: _____ By: _____

Criminal Background Check Received on: _____ By: _____

Placement Start Date: _____ Placement Location: _____