HOUSTON BAPTIST UNIVERSITY CLINICAL TEACHING APPLICATION: GRADUATE

Behavioral Sciences	form with a copy HBU transcript Center for Preparation of Profe ptember 15 th and for Spring Sen nester.	essional Educators in H 32	9. Applications are due for
	Educator Preparation Program Commemory and year indicated: Fall of:		
			FO * *
Date:			
Certification:			
Name			H#
Address			Phone ()
Street	City	Zip	
HBU E-mail address:_	HBU E-mail address:		
HBU School of Educa	tion Advisor:		
	<i>within the chosen district</i> are as fo Second		1
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_	urse as listed on my degree plan (; Name of Course:		
-	o Clinical Teaching I must have me of my required semester hours of pro	·	
— Completed all	coursework that includes field expe	rience	
— Earned and m	aintained a cumulative 3.0 GPA or h	nigher in all graduate coursewo	ork
— "B" or better i	n EDUC 6302, 6312 or 6322		
TExÊS State (o Note:	least 12 semester hours as an underg Content test: EC-6 Bilingual certification must a EC-12 Spanish certification must a	lso pass the BTLPT State Exam	m to qualify

[•] Note: 7-12 Math certification must have completed at least 15 semester hours as an undergraduate in their teaching field with a 2.75 GPA or passed the TExES State Content test

• Note: 7-12 Science certification must have completed at least 15 semester hours as an undergraduate in their teaching field with a 2.75 GPA or passed the TEXES State Content test

• List practice tests and scores and State Exams scores if available:

- Filed a degree declaration with the Registrar and Education Office
- Filed for graduation with the Registrar (2 semester prior to graduation)
- Obtained negative chest X-ray or TB skin test within 120 days of Clinical Teaching placement (*If required by chosen school district*)

I realize that I will be required to attend a seminar each Tuesday afternoon during the Clinical Teaching semester. I have signed and I agree to practice the Texas Professional Code of Ethics for Teachers. I understand any infraction of the Code of Ethics could constitute the immediate withdrawal from Clinical Teaching and/or HBU Teacher Education Program. I have signed a FERPA Consent to Release Educational Records and Information Form in order to practicipate in Clinical Teaching.

Signature of Applicant

Date