

**APPLICATION FOR APPRENTICESHIP: ASU's Department of Teacher Education**

**Step 1: Print this application.**

**Step 2: Complete pages 1-4. The application (in hard copy) must be submitted to the Apprenticeship Coordinator (Kim Franklin) no later than 3/1 for Fall or Spring Apprenticeship. Late applications will not be accepted. You do not need to meet with your advisor prior to submission of application.**

**SECTION I: To be completed by student**

Apprenticeship Semester (Circle semester AND enter year): Fall \_\_\_\_\_ Spring \_\_\_\_\_

Name: \_\_\_\_\_ 927 \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

ASU email address \_\_\_\_\_

Circle Certification: Early Childhood Middle Secondary P-12 (music/foreign language)

If Middle, Secondary, or P-12, identify area(s) of concentration

\_\_\_\_\_

Advisor's Name \_\_\_\_\_

List ALL outstanding requirements below and the semester you plan to complete them.

Current Semester/Year	Semester/Year
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION II: Placement Options:** *Students are not allowed to make their own placements for apprenticeship.*

**Option 1**

\_\_\_\_ I need a placement for my apprenticeship. I understand that I will be informed of my placement via letter before my apprenticeship begins. I agree to notify the Apprenticeship Coordinator and my advisor immediately if I decide not to complete my apprenticeship as planned.

In which county do you prefer to complete your apprenticeship? \_\_\_\_\_

Note: It may not be possible to honor county preference.

List schools close to home where you would prefer to complete your apprenticeship.

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

Note: The information above will be used to determine where you live in relation to the Professional Development Schools being utilized that semester. Only a limited number of students are allowed at each school. We will do our best to make fair and balanced placements.

**List all schools and grade levels in which you completed a lab (ECE students identify by Block I, II, or III).**

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

List all schools in which your children/relatives presently attend/work.

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

**Option 2 for full-time paraprofessionals only**

\_\_\_\_ I am employed as a paraprofessional at \_\_\_\_\_ School \*\*

in \_\_\_\_\_ grade under the supervision of \_\_\_\_\_ and  
Certified Teacher

request permission to complete my apprenticeship at this location.

**\*\*The school must be within 50 miles of ASU.**

If employed as a full-time paraprofessional, you must secure the approval and signature of your principal to complete your apprenticeship in that school. You must notify the Apprenticeship Coordinator and your advisor immediately if your employment status changes.

**To be completed by school administrator:** I am aware that this paraprofessional intends to complete their apprenticeship at my school Fall or Spring (circle one) semester of 20\_\_\_. I am aware they will complete their apprenticeship in the classroom in which I assign them under the direction of the classroom teacher (who will serve as their Master Teacher).

I further agree to immediately contact the Department of Teacher Education if any problems or issues arise.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

**SECTION III: To be completed by student**

\_\_\_\_ I have tort liability insurance and have attached a copy of proof of coverage to this application. (Applications for SPAGE or SGAE are available online at [www.pagefoundation.org](http://www.pagefoundation.org) or [www.gae.org](http://www.gae.org). Make sure your expiration date continues through the duration of your apprenticeship.)

\_\_\_\_ I have completed the Background Investigation Questionnaire and Release Form and it is attached to this application.

\_\_\_\_ I have satisfied my U.S. and GA Legislative Requirements.

\_\_\_\_ I have satisfied the requirements for the Regents' Exam.

\_\_\_\_ I have satisfied my Wellness graduation requirements or I plan to satisfy them \_\_\_\_\_ semester of \_\_\_\_ (year).

\_\_\_\_ My GACE Basic Skills passing scores have been sent to ASU – **OR** I exempted GACE Basic Skills with SAT, ACT, or GRE scores (circle one). Official score report must be on file.

\_\_\_\_ I have a cumulative GPA of at least 2.5 on all course work.

\_\_\_\_ I will have a plan for completion of all course work in my major area of study.

\_\_\_\_ For ECED, MGED, SPED – Cumulative GPA of at least 3.0 on all upper division course work in the major.

\_\_\_\_ For Secondary and P-12 education majors, a cumulative GPA of at least 2.5 is required on all content courses utilized as part of the major and a cumulative GPA of at least 3.0 is required on all professional educational courses.

\_\_\_\_ I am aware that the apprenticeship experience consists of attending school a total of 75 full school days (in addition to the beginning of the year experience). I understand the importance of attendance and punctuality in teaching. During apprenticeship, there are no excused absences and all days missed must be made up. I also understand that I will be removed from my apprenticeship with a WF if I miss more than 4 days.

\_\_\_\_ I understand that if I fail apprenticeship with an F or WF, ASU may or may not be able to secure another placement for apprenticeship (the next semester). I further understand that if I make a WF or F in my apprenticeship twice, ASU will not attempt to make another placement for me.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_

**\*Advisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Will be signed after submission.** Advisor: Your signature indicates you have carefully checked all items in this application and approve for this student to be placed for apprenticeship.

Revised 2-23-09 jhw

