MSU DENVER SCHOOL OF EDUCATION

Office of Clinical Experiences and Partnerships (OCEP)

Major/Content Area Student Teaching Verification Form
Secondary Education & K-12 World Languages Education
DOWNLOAD AND OPEN THIS FORM IN ADOBE ACROBAT OR READER - NOT FOR BROWSER USE

Student Name: _____

Student ID#: _____

Major/Program: _____

The major/content area advisor should complete this fillable PDF by answering the following questions regarding the student's preparation for student teaching. The advisor should digitally initial each item and sign at the bottom. The student will bring this form to an advising appointment with their School of Education advisor where they will complete the web-based application for Student Teaching together.

1. Does this student meet the required GPA in their content area coursework *(circle yes or no)*?

   Please note: this GPA should be based off of the GPA Calculation Worksheet for this student's specific program, found at www.msudenver.edu/education/ssr

   YES / NO *(Check one)* **ENTER CONTENT GPA: _____**   **ADVISOR INITIALS: _____**

2. Will this student have completed all required courses for their major/content area by the beginning of the Student Teaching semester?

   YES / NO *(Check one)*   **ADVISOR INITIALS: _____**

   Please note: Students should not be taking any additional courses during student teaching. Students may request an exception to take one course during student teaching via the Course Exception process. Students must obtain the Course Exception Form from OCEP. Students are not permitted to begin student teaching with more than one course remaining.

3. The **student** should enter their placement request info below, and the advisor should indicate whether or not they approve of the placements.

   PLACEMENT SCHOOL 1: _____

   PLACEMENT SCHOOL 2: _____

   PLACEMENT SCHOOL 3: _____

   As the **major/content area advisor**, do you approve the above placement choices?

   YES / NO *(Check one)*   **ADVISOR INITIALS: _____**

The **major/content area advisor** should print their name, sign, and date below.

By signing below, I verify that this student has met the necessary requirements in the major to apply for student teaching and that I will send a copy of this signed form to the student. Click here for help with digital signatures.

_____/_____
     Major/Content Advisor Name (printed) and Signature   *Date*

February 2023