**Application for the International Student Teaching Program**

**Kennesaw State University**

Please complete **ALL** items (type), and send completed application form to:

Dr. Amanda Richey, arichey1@kennesaw.edu

Kennesaw Hall, Rm 3020

Bagwell College of Education

Kennesaw State University

## Kennesaw, GA 30144

I. PERSONAL INFORMATION: (Please list name as it appears on passport/identification)

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

Last Name First/Middle

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

 Street Address City/State/Zip Code

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number

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

 Date of Birth (mo/day/yr) Gender (M/F) Student ID Number

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. EMERGENCY CONTACTS: List two.

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

Name Name

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

Address Address

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Telephone # Relationship Telephone # Relationship

**If emergency contacts are not your parents, may we speak to your parents about the program:**

 **yes \_\_\_ no \_\_\_**

III. PASSPORT INFORMATION

Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ YES, I have a passport, No#.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_

\_\_\_\_ NO, I am applying for a passport; **ALL STUDENTS MUST HAVE A PASSPORT BEFORE APPLICATION DEADLINE. PLEASE SUBMIT A COPY AS SOON AS OBTAINED**

V. ACADEMIC INFORMATION

Accepted to Teacher Education Program/College of Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passed GACE I: \_\_\_\_\_\_\_\_\_\_\_\_\_ Passed GACE II: \_\_\_\_\_\_\_\_\_\_\_\_\_ (If not yet taken, date you plan to take it):

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

Student Teaching Semesters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teaching Field: ( ) PK-5 ( ) Middle Grades (Content areas)

 \_\_\_\_\_\_\_\_\_\_\_\_ ( ) Secondary (Content area) \_\_\_\_\_\_\_\_\_\_\_\_( ) P-12 (Content area) \_\_\_\_\_\_\_\_\_\_\_\_ ( ) other

 Current G.P.A. \_\_\_\_\_\_\_\_\_\_\_\_

Please list degrees/certificates previously obtained with institution and date of completion:

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

VI. TEACHING EXPERIENCE

Please provide grade level(s), subject(s), institution(s), and dates for all previous teaching experience:

Please list any coursework taken related to placement location history or culture. Also list any formal language courses or informal language study. Include where and for how long

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

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VII. CAREER OBJECTIVES/FUTURE GOALS

Please describe how International Student Teaching, would relate to your future goals or career objectives:

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IX. INTERNATIONAL EXPERIENCE

Please list any previous international/intercultural experience:

X. MEDICAL INFORMATION

**For certain medical conditions, you may be required to provide written consent from a physician or to demonstrate that you have sought a physician's advice about appropriate precautions to take on this program.** (If uncertain as to fitness for participation, be certain to consult your personal physician.) Supplemental health insurance is required for the program.

If you have medical conditions, please specify below:

# XI. PREFERENCES

Please state grade level choices for your placement. Please note: Your preference is not guaranteed.

XII. CHOICE OF HOST COUNTRIES:

First choice of host country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be open to going to another country is your first choice and second choices are not available? Yes/No

XIII. HOUSING PREFERENCE

Host Family \_\_\_\_\_\_\_\_\_

Apartment \_\_\_\_\_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

IV. ADDITIONAL MATERIALS REQUIRED

 a.) Two recommendation forms from education faculty (see forms)

 b.) Copy of transcripts

 c.) Resume

 d.) Copy of Passport

**I certify that all the above information is true and correct to the best of my knowledge. I have read, understand, and fully accept all of the above terms for participation in the Student Teaching International Study Abroad program sponsored by Kennesaw State University.**

 X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant Date Signed

**The evaluation process for the applicants consists of the following steps…**

1. **The candidate has submitted all application materials by the due at 5 p.m.**
2. **The candidate has an overall GPA of 3.0.**
3. **Professional dispositions will be evaluated as part of the selection process.**