

For Office Use Only:
Course/Section _____
CRN _____

Northwestern State University-School of Education Application for Residency

Priority deadline to begin in Spring: October 1st

Priority deadline to begin in Fall: March 1st

Please click the below link to see the District Browse presentation and see what incentives some districts are offering residents.

[District Browse Presentation](#)

Please type.

Semester applying for: _____

Is this your initial
application or second
semester/split
placement. _____

Please attach a professional head shot photograph to your application.

Name: _____ **NSU ID** _____
Last First Middle/Maiden

Local Address: _____
(Street, City, State, Zip)

Cell Phone Number: _____

NSU email address: _____

Personal email address: _____

Major: (Check [X] your major)

_____ Early Childhood Education (PK-3)

_____ Elementary Education (1-5)

_____ Secondary Biology Education (6-12)

_____ Secondary Business Education (6-12)

_____ Secondary English Education (6-12)

_____ Secondary Mathematics Education (6-12)

_____ Secondary Social Studies Education (6-12)

_____ Music Education – Instrumental (all levels)

_____ Music Education – Vocal (all levels)

_____ Music Education – Vocal & Instrumental (all levels)

_____ Health & Physical Education (all levels)

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Praxis Requirements

Have you passed PRAXIS II content? ____ Yes ____ No

If yes, which test(s)? _____
 If you have not taken PRAXIS II content, have you registered for it? ____ Yes ____ No

Test date: _____

Have you passed PRAXIS II PLT? ____ Yes ____ No

If yes, which test? _____

If you have not taken PRAXIS II PLT, have you registered for it? ____ Yes ____ No

Test date: _____

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Plans for Completion of Degree

Beginning with the current semester, outline your anticipated class schedule (by semester) for the completion of your degree. **Please meet with your academic advisor for assistance.**

Semester: _____

Course	Hrs.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Semester: _____

Course	Hrs.
_____	_____
_____	_____
_____	_____

Semester: _____

Course	Hrs.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Semester: _____

Course	Hrs.
_____	_____
_____	_____
_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preferences for Clinical Experience Location

Please indicate 1 for first choice and 2 for second choice. These will be considered but not guaranteed.

_____ Caddo	_____ Bossier
_____ DeSoto	_____ Grant
_____ Natchitoches	_____ Rapides
_____ Red River	_____ Sabine
_____ Vernon	_____ Webster
_____ Winn	
_____ Other: _____	
_____ Other: _____	

If you are a secondary major and attended high school in a parish requested, please complete the following:

High School attended: _____

Years of attendance: _____ to _____

Relative(s) employed in public schools in parish requested (if applicable):

Name: _____ Relationship: _____

School/grade level: _____

Name: _____ Relationship: _____

School/grade level: _____

Please list your school-age child/children (if applicable):

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Transportation: Please indicate how you plan to get to and from your residency/student teaching placement.
(e.g. "I have a vehicle and will drive myself.")

Are you planning to carpool with another resident/student teacher? _____ Yes _____ No

If yes, who? _____

Please check (x) all applicable:

_____ I understand that residency **REQUIRES** me to begin my placement when that district's teachers report to campus. Residency I & II requires me to be at my assigned campus 5 days per week (unless prior permission granted to attend required courses on NSU campus). This may mean reporting to campus **BEFORE** NSU's semester begins, and staying **AFTER** NSU's semester ends. You will follow your district calendar **AND** have requirements from the Office of Clinical Practice.

_____ I understand that I must provide proof of torte liability insurance before my placement is given.
(information provided by Office of Clinical Practice)

_____ I plan to participate in an extracurricular activity (e.g. band, dance line, sports) during Residency.

_____ I plan to work part-time during Residency. _____ permission form with my application. (See attached form.)

_____ I need to enroll in an additional course during Residency; I am including the required

Music Education candidates who are requesting to be placed in Texas (if considering split placement during residency, student must indicate request on the INITIAL application :

_____ I have completed the Student Teaching Placement application as required by the Texas school district.
(Must submit verification to the Office of Clinical Practice.)

_____ I will have stable housing in the school district requested.

_____ I understand that I will be required to attend orientation, monthly seminars, and any other events/meetings during Residency (which may require me to report back to the NSU campus).

_____ I understand that if approved to conduct some or all of my residency out of state, I am forfeiting the Louisiana resident stipend. (currently \$3300 per year)

Candidate's Signature: _____

Date: _____

Academic Advisor's Signature _____

I attest that the information in this application is accurate. I will notify the Office of Clinical Practice & Partnerships immediately should any information change.

Applications should be submitted to:

Dr. Amber Hyatt,
Coordinator of Student Services
for Graduation and Licensure
hyatta@nsula.edu (email)

Please provide a professional head shot
with your application.

PERMISSION TO ENROLL IN COURSE WITH RESIDENCY

Residency applicants may request enrollment in an additional three (3) semester hours above program requirements for Residency. Courses requested cannot conflict with Residency hours- 8:00 a.m. - 3:00 p.m. Monday through Friday at your assigned campus placement.

Name _____ Program _____

NSU CWID _____

NSU Email Address _____

Course Requested

Course/Section _____

Day(s)/Time _____

Is the course needed for graduation? Yes _____ No _____

Extenuating circumstances for requesting additional course with Residency 2/Student Teaching:

Candidate's signature _____

Date _____