UNDERSTANDING OF POLICIES

1. I understand that it is my responsibility to have read all of the requirements for student teaching as described in the following:
   - the Bulletin under which my majors and/or minors are signed, specifically “Standards Leading to Teacher Certification,”
   - the Clinical Experiences Handbook, available on the Center for Clinical Experiences website: CCE Handbook, and
   - the Center for Student Services Academic Advising, available online at CSS Website.

2. I have read and will adhere to the guidelines in the materials mentioned above and those in the student teacher application packet; specifically those stated under “Prerequisites to Student Teach”.

3. I understand that I must have departmental approval in all teachable major(s) and minor(s) in order to be eligible to begin student teaching, whether or not I student teach in each of my major(s) and minor(s).

4. I understand that if I wish to withdraw my Student Teaching Application, it is my responsibility to provide the Center for Clinical Experiences located in EHS 421 a dated, written notification of this withdrawal and to notify, in person or by telephone, my assigned university coordinator. To be considered as an applicant in a subsequent semester, I must reapply before the deadline. I understand that the Center for Clinical Experiences does not keep inactive applications from one semester to the next, nor does the student teaching office reactivate inactive applications.

5. I understand that all placements are tentative even after student teaching has begun. Extenuating circumstances might make changes necessary. I will accept any changes in a professional manner.

6. I understand that it is my responsibility to obtain copies of my final evaluation(s) from the online portal at the end of the semester. I understand the Center for Clinical Experiences keeps one copy of my final evaluation.

7. I understand that I will not be placed in any schools where I was a high school student or where family members are students or staff members. If I am inadvertently placed in such a school, I will alert my university coordinator immediately.

8. I understand I must have successfully completed a pre-student teaching field experience to be eligible to student teach.

9. I understand that in order to secure a high quality, best practice student teaching placement, I may not be placed in my first choice of student teaching center.

10. I understand I will be held accountable for my individual conduct as described in the CMU and the Center for Clinical Experiences Student Code of Conduct.

11. I understand that as a student teacher, I am not insured under CMU health/medical or accident insurance policies. I am responsible for my own health and/or medical expenses if I should get injured during my student teaching placement.

12. I understand that the Global student teaching experiences through Teacher Education and Professional Development operate under a "no refund" policy. Fees paid by candidates are used to pre-pay costs for on-site supervision, housing, group excursions, and fees charged by local schools. Since all of these fees are pre-paid at the beginning of the global student teaching experience, no refunds will be available in the event a candidate returns, or is sent home.

13. I understand that CMU requires completion of an ICHAT background check prior to student teaching and that I am responsible for all costs incurred. I also understand that my host district may require a digitized background check and that I am also responsible for that cost.

14. I understand that I am under obligation to report any changes in my legal status, to the Center for Student Services within TWO business days of the event change. Effective February 1, 2009 the Michigan Department of Education (MDE) is mandating that court records for students with a criminal conviction(s) will be forwarded to the MDE for evaluation prior to the issuance of a teaching certificate.

PRINTED STUDENT NAME: ____________________________________________

STUDENT SIGNATURE: ____________________________________________ DATE: ______________

STUDENT ID #: ____________________________ SEMESTER TO STUDENT TEACH: __________________