

HARDING

U N I V E R S I T Y

STUDENT TEACHER CONTRACT

Student Teacher's Name _____ SSN # _____

H# _____ E-mail address _____

MAILING ADDRESS: Write the address where you will be receiving your mail during your student teaching.

Harding Box _____ or Street, P. O. Box _____

City State Zip Code

Email Address: _____

Grade or Subjects: _____

Cooperating School: _____

School Address: _____

Cooperating Teacher(s): (Please print and spell correctly)

Preferred Name	Last Name	Number of Years Experience	Highest Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

After visiting my cooperating school and my cooperating teachers, I believe that my student teaching assignment will be a good learning experience. My cooperating teachers are well qualified to serve as cooperating teachers, and I have no hesitation in accepting my student teaching assignment.

Signed: _____

Student Teacher

Please return to:
Office of Professional Field Experiences
Harding University
Box 12254
Searcy, AR 72149-2254

Date: _____ Semester: _____