

History Department Pre-Student Teaching Information Sheet

Please Return to Sara Piotrowski at the end of the meeting

(clearly print all information below)

Name _____ Date _____

ISU Email _____@ilstu.edu Phone: (_____)_____

Circle: Student Teach **Chicagoland** or **Central IL**

Circle: I will Student Teach **FALL (20__)** or **SPRING (20__)**

Major GPA _____ Cumulative GPA _____

Local Mailing Address _____

Permanent Mailing Address _____

University I.D. Number _____

High School Attended _____

List of Cities, Schools or Areas desired for Student Teaching _____

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