



TEACHER EDUCATION PROGRAM RELEASE/WAIVER FORM

The following release form is an acknowledgement that you are aware of your responsibilities pertaining to the timely manner of submitting the required information to the Teacher Education Office of Missouri Baptist University. The signed form also allows the Teacher Education Office to send any and all pertinent information from this packet to the school districts in which you have requested placement for field experiences or student teaching.

I, _____ [full name—please print or type], understand that I cannot be formally admitted and accepted to the Teacher Education program at Missouri Baptist University until all forms in the Teacher Education Admission Packet have been completed, all necessary scores, personal information, and official documents are in my Teacher Education file, and my admission interview has been satisfactorily completed.

I understand that I can complete only the following professional education classes until all information has been submitted for approval to the Teacher Education Office:

EDCL 211 Teaching Field Experience I + EDUC 210 Teaching Field Experience I Seminar
EDUC 201 Professional Growth and Folio Development I
EDUC 203 Teaching in a Diverse Society + EDCL 200 Teaching in a Diverse Society Field Experience
EDUC 303 Methods of Teaching and Differentiated Instruction
ECTA 323 Curriculum, Assessment, and Data-based Decision Making
EDUC 373 Technology and Instructional Media OR EDUC 573 Applications of Technology
PSYC 313 Human Growth and Development OR PSYC 333 Child Psychology AND PSYC 343 Adolescent Psychology OR PSYC 553: Advanced Human Development
EDPS 383 Psychology of Teaching and Learning

According to the School of Education policies, students who are not admitted to the Teacher Education Program are not permitted to register for 400/500 level education classes without written approval from the Associate Dean of Education for Teacher Education and Student Affairs as noted on the Teacher Education Program Admission Probation Form.

- Initial*
- I understand it is my responsibility to follow the policies and deadlines established by the School of Education. I understand that failure to comply with policies and deadlines within the appropriate timeframe may cause a delay in my student teaching semester and/or recommendation for certification.
- I authorize Missouri Baptist University to send all academic transcripts and appropriate information within my teacher education file to the school districts at which I am requesting placement to complete my field experiences and student teaching.
- I authorize Missouri Baptist University to send all academic transcripts and any required assessment results to the Missouri Department of Elementary and Secondary Education as part of my recommendation for certification.
- I understand that the Missouri Department of Elementary and Secondary Education will not issue my Initial Professional Certificate (IPC) if I do not have a current FBI fingerprint background check clearance on file with DESE. The clearance date cannot be older than one (1) calendar year at the time I am recommended for certification.

SIGNATURE: _____

DATE: _____