



# ADVISOR REVIEW ELIGIBILITY FOR STUDENT TEACHING

Candidate \_\_\_\_\_ NSHE ID \_\_\_\_\_

Advisor \_\_\_\_\_ Major \_\_\_\_\_

Current Cumulative GPA \_\_\_\_\_ Catalog Year \_\_\_\_\_  
2.5 or higher

Not receiving degree, post baccalaureate program participant

Minimum total credits required for graduation

Credits completed: \_\_\_\_\_ Credits Needed: \_\_\_\_\_

Residency Requirement

Credits completed: \_\_\_\_\_ Credits Needed: \_\_\_\_\_

Credit Requirement From 4-Yr Institutions

Credits completed: \_\_\_\_\_ Credits Needed: \_\_\_\_\_

Courses in which the candidate is currently enrolled:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Required courses not yet completed and the semester candidate plans to complete them:

- |                          |                          |
|--------------------------|--------------------------|
| 1. _____ Semester: _____ | 5. _____ Semester: _____ |
| 2. _____ Semester: _____ | 6. _____ Semester: _____ |
| 3. _____ Semester: _____ | 7. _____ Semester: _____ |
| 4. _____ Semester: _____ | 8. _____ Semester: _____ |

I have examined the myNSC report (and other records) of the above candidate and I support his/her application for a practicum placement for \_\_\_\_\_ Semester, \_\_\_\_\_ .

\_\_\_\_\_  
Candidate Signature Date

\_\_\_\_\_  
Advisor Signature Date

Advisor Comments:

Please Note: This form does not guarantee a practicum placement in the semester indicated above. All decisions regarding placements are determined through the Office of the Dean.