**Overseas Student Teaching Application**

**Application Instructions**

**Program Requirements:**

* **Demonstrate a high level of integrity, adaptability, curiosity and independence**
* **Have high academic standards (earned at least a 3.0 GPA)**
* **Successfully complete the required preparation course:**

**EDC/EPE 454G – *Culture, Education and Teaching Abroad***

***IMPORTANT NOTE: If you wish to student teach overseas you must take EDC 454G; it is a program prerequisite. Please understand, however, that successful completion of EDC 454G does NOT guarantee that you will receive an overseas placement. In addition to EDC 454G, you must also successfully complete ALL program prerequisites and have the approval of the Program Faculty. Please know that progress in the program is carefully monitored by the Program Faculty which governs academic matters.***

**Please carefully read and adhere to the following instructions:**

* Incomplete applications will not be processed.
* Specific formatting directions are below.
* Submit your application in hard copy with original signatures.
* Emails Essays 1 and II to: julie.cleary@uky.edu
* Attach a $200 application fee, cashier’s check, money order or personal check payable to the OST Program.
* Essays should follow this naming/labeling convention:
	+ First initial.last name.UKY.Essay I or Essay II (place at far right on page in bold)

**The first application packet must contain:**

* Current photo (no one in the picture with you)
* Overseas Student Teaching Application
	+ ALL SECTIONS COMPLETED
* Essay 1 – *See naming convention listed above*
* Essay 2 – *See naming convention listed above*
* University transcript (Unofficial MyUK is acceptable)
* Copy of applicant’s valid passport (opened to the page with photo, personal information and expiration date). **Must be signed.**
* Three letters of recommendation, one from each of the following:
	+ A classroom teacher with whom you have completed a field/clinical placement
	+ A university faculty member (preferably an education faculty member)
	+ A personal reference, such as a clergy or former employer

*Letters should include the following:*

* Length of time the reference has known the applicant
* In what capacity the reference has known the applicant
* The applicant’s strengths and weaknesses, intellectual ability, achievement, motivation, ability to work with others, and relevant accomplishments.

Note: The application fee is nonrefundable unless we cannot make a placement.

ELECTRONIC SIGNATURE: By pressing "I understand" below, I confirm that I agree to the terms and conditions below:

Please note that during the time you are teaching, we discourage visits from family and friends. If visits are scheduled they should be scheduled during holidays or at the conclusion of the placement. Visitors are responsible for their own accommodations, transportation, and other expenses incurred during their visit.

I understand that I may be placed at any available site and cannot be guaranteed placement availability.

I understand that all information provided in the application will be shared with potential receiving sites to secure an appropriate placement.

I understand that I must obey and respect all laws and cultural norms in the country/city in which I am placed and that it is my responsibility to become knowledgeable about those laws and customs to the best of my ability before arriving. I understand that I am seen as a representative of my program, College, University, State, and Country while abroad and pledge to act appropriately in accordance with the University of Kentucky Student Code of Conduct.

I understand that final approval for placement is contingent upon meeting all requirements set by the College of Education and the Program Faculty and that I could be denied a placement before departure from the USA for any reason as determined by the Program Faculty and College of Education. In addition, I could be removed from the placement at any time if any policies and/or procedures are not followed.

Print your name:



Do you understand and agree to the terms and conditions?

[ ]  **I understand and agree to the terms and conditions.**

Sign your name\*:

X

**\*Note: In order to sign here and throughout the document, you must either insert a digital image of your handwritten signature, or you must print this application (with other *typed* fields already completed) and scan with your handwritten signature included.**

**Overseas Student Teaching Application**

**Section 1: Applicant Information**

First name:  Middle Initial:  Last Name: 

Date of Birth:  Student ID Number:  LinkBlue ID: 

Local Address:  City: 

 State:  Zip: 

Permanent Address:  City: 

 State:  Zip: 

Preferred Phone Number:  Preferred Email: 

Alternate Email: 

**Section 2: Emergency Contact Information**

First Name:  Last Name:  Relationship: 

Address:  City: 

 State:  Zip: 

Phone:  Email: 

**Section 3: General Information**

Semester and year you will be student teaching:  Current GPA: 

Earliest possible start date:  Latest possible return date: 

Certification Requirements \**Be specific – include age range, not grade level\**

[ ]  Early Childhood Age Range: 

[ ]  Elementary Age Range: 

 [ ]  Middle School Age Range: 

[ ]  Secondary School Age Range: 

[ ]  *Specific Subject Area(s)?* List Subject Area(s): Click here to enter text.

Number of weeks required in school placement: 

Number of teaching days (full control/responsibility) required in school (excluding holidays): 

Additional Placement/Certification/Teaching Requirements:

Click here to enter text.

**Section 4: Insurance**

**\*Note: It is the student’s responsibility to verify that overseas coverage is included in both their medical and professional liability policies. Most overseas medical expenses are expected to be paid for at the time of service. The student will need to check with their insurance provider regarding how to file for reimbursement upon return to the states.**

***Professional Liability Insurance:***

 **Policy Holder:** Click here to enter text.

 **Policy Number:** 

 **Policy Amount:** 

I, (print full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ verify that I have professional liability insurance through (e.g., *Kentucky Education Association, Kentucky Association of Professional Educators*):

**Travel Medical Insurance:**

**Policy Holder:** Trustee of ACE USA Accident and Health Insurance on behalf of the University of Kentucky

**Policy Number:** GLM N 10876

**Section 5: Placement and Accommodation Preferences**

*Select four locations where you are willing to accept a student teaching placement. Be sure to research the location, cost, certification areas, and dates* ***before*** *indicating your preferences.*

***\*Order of preference is not a consideration in the placement process. Preferences are not guaranteed.***

Placement Location 1: 

Placement Location 2: 

Placement Location 3: 

Placement Location 4: 

*Using the dropdowns, rank your accommodation preferences (1 = most preferred).*

Host family with children-----------------------------------------------------------Choose an item.

Host family without children------------------------------------------------------- Choose an item.

Host family with or without children (does not matter to me)----------------- Choose an item.

Dormitory or Hostel------------------------------------------------------------------ Choose an item.

Prefer to arrange my own housing-------------------------------------------------- Choose an item.

Temporary housing for first few weeks, then secure my own housing-------- Choose an item.

Do you smoke? Choose an item.

Do you have allergies? Choose an item.

 If yes, please list and describe any accommodations (if any) necessary for the allergy:

Click here to enter text.

Do you require a special diet? Choose an item.

Please describe any special needs or additional information you feel will be helpful in securing your housing:

Click here to enter text.

**Section 6: Other**

Copy of Passport (click image to upload photo file or include a printed copy with your application):



Verification of Background Check: [ ]  Federal [ ]  State

Photo of yourself (included here or attached to printed application):



**Section 7: Statements of Responsibility**

*Directions: Please read and sign the following statement.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I will assume all of the expenses involved in my participation in the Student Teaching Abroad Program. I further understand the application fee is nonrefundable unless a placement cannot be made.

The University of Kentucky will not be held responsible for any professional liability or medical bills during my period of study with the Student Teaching Abroad Program. I agree to assume all such costs. I understand that I must have evidence of professional liability and medical insurance coverage.

Furthermore, I release the University of Kentucky from all claims of damages that may arise out of or in connection with participation in or transportation to and from this program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Name of Student Teacher (Please Print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student Teacher**

*Directions: Present the following statement to your parent or guardian for signature.*

The undersigned parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledges having received information about the Student Teaching Abroad Program and consents to her or his participation in the program. It is understood that all expenses related to the Student Teaching Abroad Program are the responsibility of the participant.

The University of Kentucky will not be held responsible for any medical bills during the period of study with the Student Teaching Abroad Program. The undersigned agrees to assume all such costs. I understand that the participant must have evidence of professional liability and medical insurance coverage.

Furthermore, I release the University of Kentucky from all claims of damages that may arise out of or in connection with participation in or transportation to and from this program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Name of Parent or Guardian (Please Print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian**

**Section 8: Essays**

Please respond to the following two prompts. Attentiveness to grammar, spelling, and clarity is essential. Your answers should be concise but comprehensive. Keep in mind that your responses could be sent to multiple locations, so you should not specify a location preference but rather discuss the overseas student teaching experience as a whole. Please attach your typed responses to your completed, printed application.

*Remember, place in bold at the far right of the page the following naming convention:*

First initial.last name.UKY.Essay Ior Essay II

**Essay 1:**

Briefly describe your background including interests, family life, academic experiences etc. as they relate to education and why you decided to enter the teaching field. Explain your involvement with school-aged children (e.g., in classroom settings, camp counseling, tutoring) and any details you feel provide a “picture” of who you are.

**Essay II:**

Describe your goals for student teaching abroad. What has led you to seek a placement through this program? Also, explain how you believe the experience will contribute to your personal and professional growth. Include cross-cultural educational experiences as well as experiences that might show how you could contribute to the school community (e.g., leadership roles and/or unique skills such as speaking the language of the host country, musical talent, sports, hobbies).

**Section 9: Placement Policies for Teaching Site:**

I understand that I may be placed at any of the available sites participating in the UK Teach Program network. In other words, I understand that I may not be placed in one of the locations I requested.  Furthermore, I understand that a UK Teach Program placement cannot be guaranteed.

I understand that all information provided in the UK Teach Program application will be shared with potential receiving sites to secure an appropriate placement.

I understand that final approval for placement is contingent upon meeting all requirements set by the College of Education and Program Faculty and that my placement could be denied before departure from the USA for any reason as determined by the Program Faculty, College of Education, UK Education Abroad Program, UK Dean of Students’ Office, as well as the school where the placement is sought.  Furthermore, I understand that this decision could be made as late as finals week the semester prior to departure.

I understand that I must maintain a high academic standing including maintaining at least a 3.0 grade point average throughout the Educator Preparation Program. Should that change, the Program Faculty reserves the right to deny departure from the USA.

I understand that I could be required to leave the overseas placement and return home at my own expense if I fail to follow any of the policies and procedures established for the program and/or if I do not make satisfactory progress in the placement.

Since a local placement is also required, I understand that it is my responsibility to secure housing accommodations locally in order to complete the placement in the field network in Central Kentucky.

**Withdrawal Policy for any UK Teach Program Student Teaching Site:**

I, the undersigned participant, agree that if withdrawal from any UK Teach Program site is required for any reason, it is my responsibility to communicate in writing my intent to withdraw by submitting appropriate documentation to the Director, Office of Clinical Practices and School Partnerships.  Documentation should include reason and date of withdrawal.

I also understand that if I leave the placement after arrival in the host country, I may be responsible for the entire placement fee.

Signature of Participant in the Date

UK Teach Program

Signature of the Director, Office of Clinical Practices Date

and School Partnerships

**Review**

I have reviewed this applicant’s application, and the applicant has been approved/denied for placement.

Approval\*: [ ]  YES [ ]  NO

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sharon Brennan, Ed.D

Associate Professor and Director

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

Click here to enter text.