



Intent to Enter Year-long Residency (Undergraduate Only)

Please TYPE on the application!

Intent to Enter Year-long Residency starts the culminating experience for licensure candidate as they make the “campus to classroom” transition. Aspiring educators serve as the lead instructor under the supervision of a mentor teacher and master clinician. The Residency I (fall) semester concludes methods coursework with intentional focus on edTPA preparations. The Residency II (spring) semester is the culminating experience for candidates to showcase their knowledge, skills, and dispositions of an emerging educator. The edTPA performance assessment is completed during this semester to evaluate the planning, instruction, and assessment abilities necessary for full certification.

- Submit each required documentation via email to teachercertification@tnstate.edu in PDF Format **(No Photos Accepted)**

Application Deadlines: March 30

Name:		T Number:	
Phone:		Email:	
Cum GPA:		Certification Area:	
		Anticipated Date of Graduation:	

PRAXIS II TEST SCORE RESULTS

Passing score results are to be sent to the sent the State Department of Education - Tennessee State University when applicant registers and **PDF copy to the passing results emailed to the TESS office** (teachercertification@tnstate.edu).

**Note: Failure to have a 1st attempt on Praxis II exams may have implications, as district seek to host residents that have completed content exams in their endorsement area, prior to year-long residency.*

***Note: Indicate the Test Number and Passing Score Results below:**

Test 1		Test 1 Results		Test 2		Test 2 Results	
Test 3		Test 3 Results		Test 4		Test 4 Results	
Test 5		Test 5 Results					

*I acknowledge the accuracy and validity of this application submitted to the Office of Teacher Education. The above-named applicant **has met all prerequisites** for student teaching or **will meet the requirements upon completion of current course semester.***

Advisors acknowledge of applicant submitting and meeting all requirements for the Intent to Enter Year-long Residency (please select one): Approved Denied

Advisor Signature: _____

Date: _____

**Note: Applicants are encouraged to use an electronic service, such as Adobe or DocuSign, to expedite the submission of the application to the TESS office – teachercertification@tnstate.edu*

SUPPORTING DOCUMENTATION

Attach all supporting documentation in PDF format **with application** (pending documents please note as attachment):

1. **Admissions to Teacher Education** letter.
 2. Updated Program of study/Transcript Evaluation (Semester and Grade for each course completed and pending)
 3. Updated Evidence of Professional Growth
 - a. Philosophy of Education
 - b. Resume'
 - c. LinkedIn URL
 4. Photo (headshot, 2x3 from Driver's License or Student ID). **Note: Professional Photos can also be taken at the University Career Development Center.*
 5. Proof of [liability insurance](#) for the *next* academic year: **Renew AFTER April 1st.**
 6. Updated profile on LinkedIn to document professional activities.
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Do you have any family or relatives who are currently working for any school or district?

No Yes (If Yes, list their names, titles, school site and district below):

If you are seeking special accommodations under ADA, please attach the completed *A Reasonable Accommodation Request Form*. (available of the [TSU Disabled Student Services webpage](#))

Verified Disabilities: No Yes

Have you ever been dismissed from an observation, field placement, internship, or student teaching?

No Yes (If Yes, explain):

Have you ever been convicted of a misdemeanor or felony?

No Yes (If Yes, explain):

APPLICATION FOR INTENT TO ENTER YEAR-LONG RESIDENCY BIOGRAPHICAL & TEACHER EDUCATION CLASSIFICATION DATA

Name:		T#:		SS#:	
Email:		Phone:			
Current Address:					
City:		State:		Zip:	
		County:			

Same as Current Address

Permanent Address:					
City:		State:		Zip:	
		County:			

High School:					
City:		Graduation Year:		County:	

Applicant's Signature _____ Date: _____

Comments:

TESS Office Only **Date Received** _____ **By** _____

Application for Residency (Semester/Date): _____

Approved Denied

Reason for Denial: