**Admission form**

**for the teaching practice of students participating in short-cycle teacher training program**

1. **The student's data**

Name:

Neptun code:

Major:   
Date of the start of the practice (academic year, semester):

Type of practice: subject-specific and/or coherent individual school practice

1. **Details of the institution**

Name:

Title:

Telephone number:

OM ID:

Director's name:

Director's email address:

1. **Data of the teacher (lead mentor in the case of subject teaching practice, mentor teacher in the case of coherent individual school practice) - who is an employee of the institution named above -**

Name:

Major:

Phone:

E-mail:

What teaching qualification do you have in the subject(s) you wish to mentor in?

… ……..…. major: university/master's degree - college ..……….. major : university/master's degree - college

Do you have at least 5 years of teaching experience in the relevant subject ? Yes…No…

Does the mentored major teach during the internship year ? Yes No

Do you have at least 3 years of experience as a classroom teacher? Yes No

Do you have a teaching qualification? there is - in progress - there is not

Do you have any qualifications as a mentor/head teacher (mentor/head teacher professional exam, certificate/certificate of further training as a mentor, etc.)? there is - in progress - there is not

How many years of mentoring/leading teacher /consulting experience do you have?

no experience - between 1 and 5 years - more than 5 years of experience

In which qualification level are you classified? Teacher I. - Teacher II. – Master teacher – Research teacher

I agree that the above-named student of the Eötvös Loránd University, within the framework of the short-cycle master teacher training course, completes the teaching practice in the institution under my management, in accordance with the concept attached to this declaration, with the cooperation of the named teacher.

Date:

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| ……………………………… | ……………………………… |
| the signature of the head of the institution | the mentor's signature |