

* = required field

BELHAVEN UNIVERSITY

Our Standard is Christ

MEMORANDUM OF UNDERSTANDING

CANDIDATES ENROLLING IN
EDU 503: TEACHER RESIDENCY II

TEACHER RESIDENCY II - MOU

TEACHER RESIDENCIES MUST TAKE PLACE IN A MISSISSIPPI SCHOOL

By signing this **Memorandum of Understanding Form**, I am aware and fully understand the following criteria must be met before I am eligible to register for **EDU 503: Teacher Residency II** with the Belhaven University Graduate School of Education.

- I have a 3-year provisional teaching license through the Mississippi Department of Education (all licensure tests are passed)
- I am teaching full-time in a certified position
- I am teaching in a position that is on my teaching certificate
- I have a contract from the school district in which I am teaching

To remain in the Teacher Residency courses, I understand that I must maintain the following conditions.

- I understand that a copy of my **current teaching contract** and **teaching license** are to be submitted to my Teacher Residency Canvas course **before the end of the second week of the course**. ***I understand that failure to submit either of these documents will result in my being dismissed from the course.***
- I understand that if my situation requires me to wait until the fall or winter semester begins, early in September or in January before my school board issues my teaching contract, I will contact Dr. Mincey (rmincey@belhaven.edu) or Dr. Wilkins (cwilkins@belhaven.edu) prior to enrollment in the course. ***I understand that failure to submit my qualified teaching contract by the agreed-upon date will result in my being dismissed from the course and that I will be responsible for paying for the course.***
- ***I understand that if I do not have a qualified teaching position at any time during my enrollment in Teacher Residency, I will be dismissed from the course.*** I understand that “not actively teaching” could be due to my quitting my job, being dismissed from my position, or teaching in a field outside my certification area or agreement with Belhaven.

I have read and understand the requirements for enrollment into EDU 502: Teacher Residency I or EDU 503: Teacher Residency II. My signature below (either digital or manual – both are not needed) indicates that I currently meet and will maintain all qualifications for continued enrollment in this course that are listed above.

Student's First Name: *	<input type="text"/>	Student's Last Name: *	<input type="text"/>
Belhaven ID#:	<input type="text"/>	Email Address:	<input type="text" value="jbrock@belhaven.edu"/>
Primary Phone#:	<input type="text"/>		

Address: *	<input type="text"/>	Apartment or Unit#:	<input type="text"/>
City: *	<input type="text"/>	State: *	<input type="text" value="-- Please Select --"/>
		Zip Code: *	<input type="text"/>

I am signing and dating my name DIGITALLY by typing it here

After electronically signing and submitting this form, please select "view PDF" on the confirmation screen to print a copy of this document for your records.

* (click to sign)	Date _____
<hr/> <p data-bbox="129 168 292 199">Student Signature</p> <p data-bbox="649 210 1006 304" style="text-align: center;">Belhaven School of Education 1500 Peachtree Street Jackson, MS 39202 601-968-8703</p>	

Save Progress

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