

* = required field

BELHAVEN UNIVERSITY

Our Standard is Christ

MEMORANDUM OF UNDERSTANDING

CANDIDATES ENROLLING IN
EDU 502: TEACHER RESIDENCY I

TEACHER RESIDENCY I - 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 502: Teacher Residency I** 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="jjbrock@belhaven.edu"/>
Primary Phone#:	<input type="text"/>		

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

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

*
(click to sign)

Student Signature	Date
-------------------	------

Belhaven School of Education

1500 Peachtree Street

Jackson, MS 39202

601-968-8703

Save Progress

Submit Form