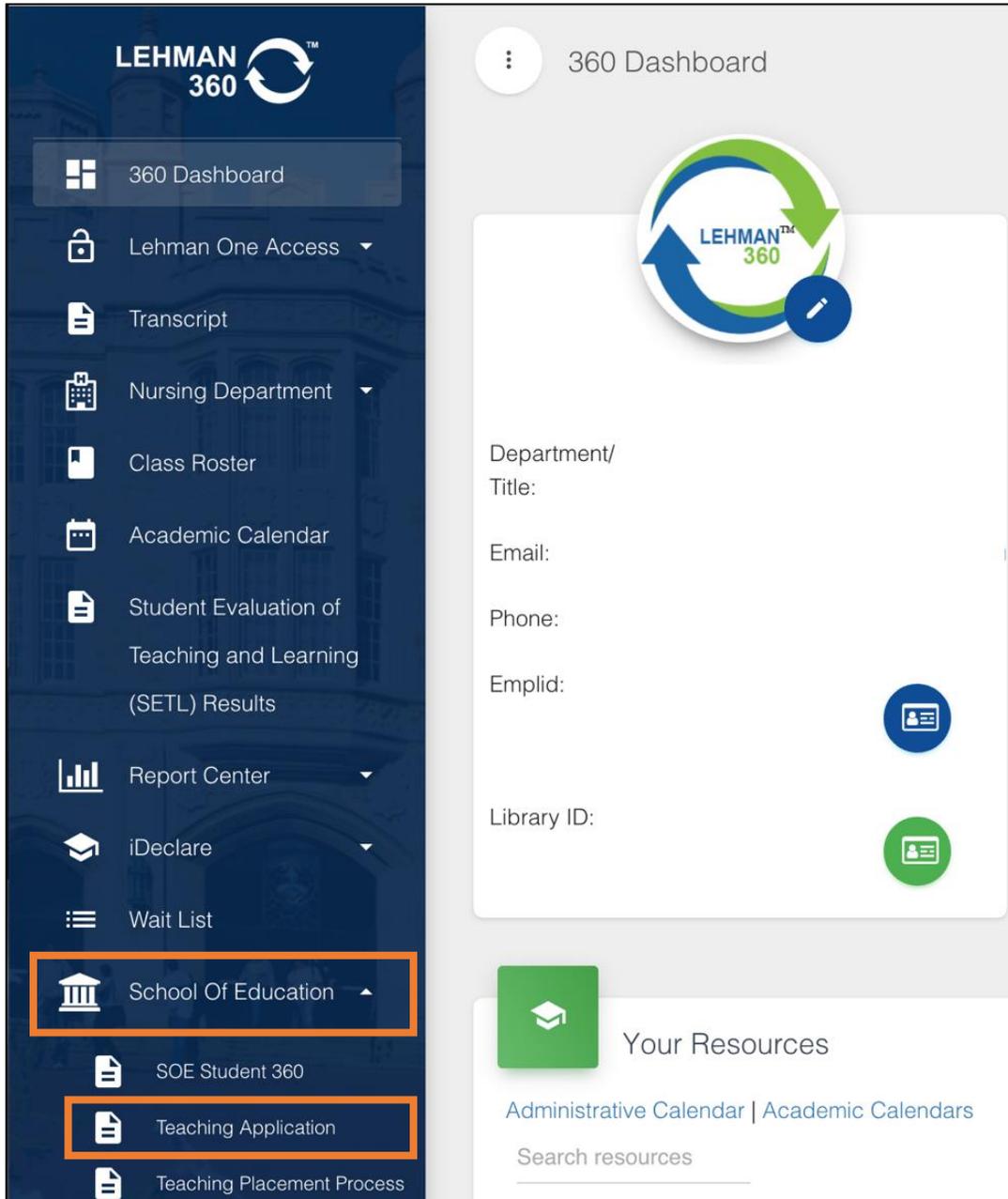


## Lehman 360: Accessing and Submitting Student Teacher/Intern Application

**NOTE:** Please complete the application on a desktop or laptop computer instead of mobile phone or device.

Login to Lehman 360 > School of Education > Teaching Application



**LEHMAN 360**

- 360 Dashboard
- Lehman One Access
- Transcript
- Nursing Department
- Class Roster
- Academic Calendar
- Student Evaluation of Teaching and Learning (SETL) Results
- Report Center
- iDeclare
- Wait List
- School Of Education**
- SOE Student 360
- Teaching Application**
- Teaching Placement Process

360 Dashboard

LEHMAN 360

Department/  
Title:

Email:

Phone:

Emplid:

Library ID:

**Your Resources**

Administrative Calendar | Academic Calendars

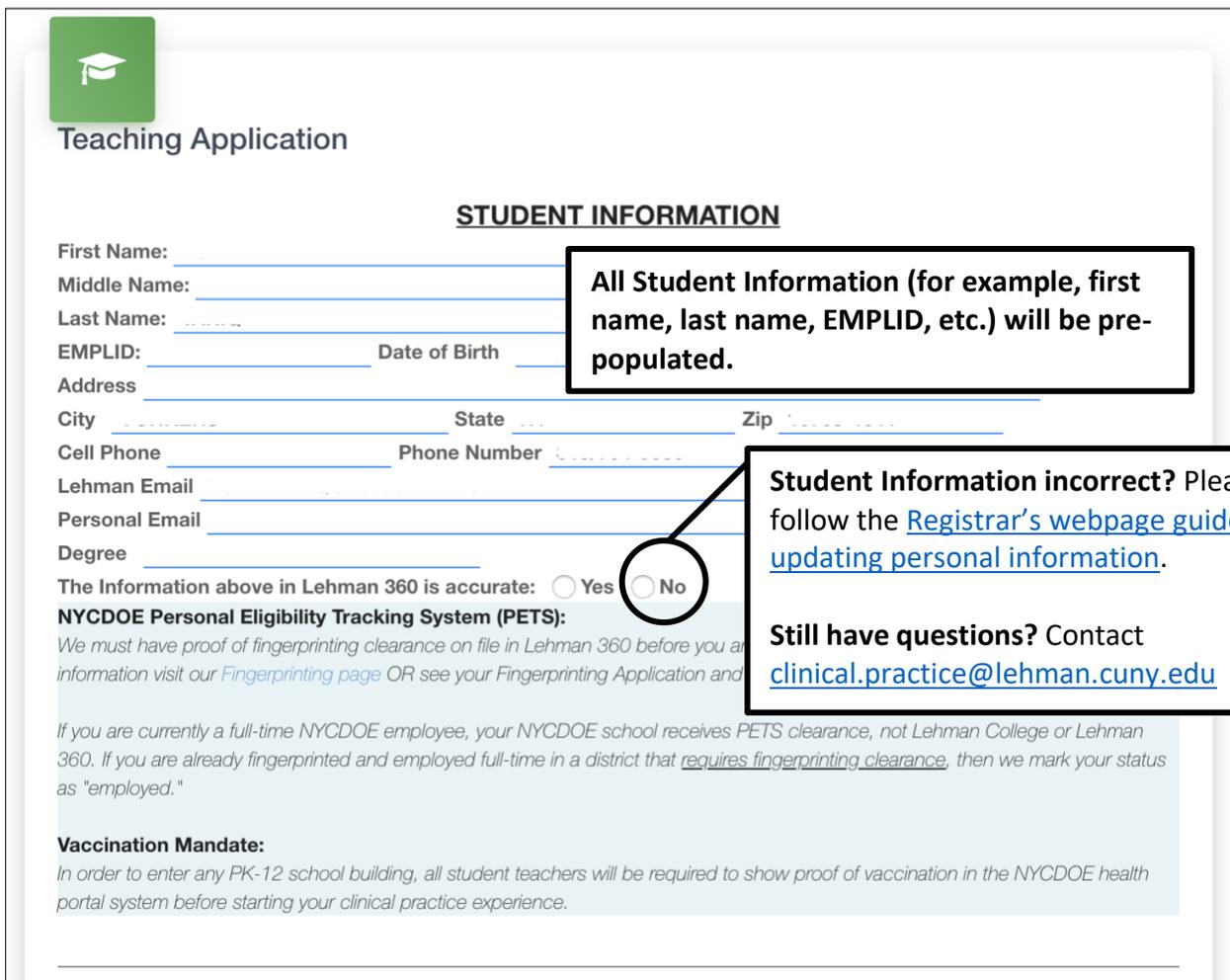
Search resources

## STUDENT INFORMATION

> Confirm all your Student Information is correct.

> If no, submit your Teaching Application AND then you must follow the [Registrar's webpage guides for updating personal information](#). It is crucial that your CUNYfirst information is accurate, including: Address, Email, Phone Number, Social Security Number, Name.

**However, please complete and submit your application.** You will be able to return to your application to determine if your CUNYfirst information has been updated.



 **Teaching Application**

**STUDENT INFORMATION**

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
EMPLID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Lehman Email: \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Degree: \_\_\_\_\_

The Information above in Lehman 360 is accurate:  Yes  No

**NYCDOE Personal Eligibility Tracking System (PETS):**  
*We must have proof of fingerprinting clearance on file in Lehman 360 before you are fingerprinted. For more information visit our [Fingerprinting page](#) OR see your Fingerprinting Application and Fingerprinting Application Form.*

*If you are currently a full-time NYCDOE employee, your NYCDOE school receives PETS clearance, not Lehman College or Lehman 360. If you are already fingerprinted and employed full-time in a district that requires fingerprinting clearance, then we mark your status as "employed."*

**Vaccination Mandate:**  
*In order to enter any PK-12 school building, all student teachers will be required to show proof of vaccination in the NYCDOE health portal system before starting your clinical practice experience.*

**Callout 1:** All Student Information (for example, first name, last name, EMPLID, etc.) will be pre-populated.

**Callout 2:** Student Information incorrect? Please follow the [Registrar's webpage guides for updating personal information](#).  
Still have questions? Contact [clinical.practice@lehman.cuny.edu](mailto:clinical.practice@lehman.cuny.edu)

> You can NOW SCROLL DOWN to the official APPLICATION! All other sections will be populated with approvals or other information after your application is officially submitted. You can return to L360 to view updates.

## FACULTY APPROVAL

> Department, Program and Program Coordinator are pre-populated.

> If no Program Coordinator is listed, you MUST CONTACT: [clinical.practice@lehman.cuny.edu](mailto:clinical.practice@lehman.cuny.edu). Without a Program Coordinator listed, your application will NOT be reviewed.

> All other areas will be completed by your Program Coordinator after you submit the application. Please return to this Teaching Application to check the status of approvals and information.

<b><u>FACULTY APPROVAL</u></b>	
Department <u>ECCE</u>	<b>You should see your department, program and at least one program coordinator pre-populated.</b>
Program #1 <u>Childhood Grades 1-6</u>	
Program #2 (if double major) _____	
<i>If you have any questions about these categories, please contact <a href="mailto:clinical.practice@lehman.cuny.edu">clinical.practice@lehman.cuny.edu</a></i>	
The program faculty assigned to review and approve _____	<b>If no department, program or coordinator is listed, you MUST CONTACT: <a href="mailto:clinical.practice@lehman.cuny.edu">clinical.practice@lehman.cuny.edu</a>. Without a Program Coordinator listed, your application will be reviewed.</b>
Program Coordinator #1 _____	
Program Coordinator #2 _____	
Additional Advisor (if applicable): _____	
Faculty approved eligibility as CPP Role: _____	<b>All other fields (faculty approvals) will be completed by Program Coordinator.</b>
Semester: _____	
Applicant/Candidate completed the necessary co _____	
Applicant/Candidate completed the required field _____	
Course Registration Information (will be posted on _____)	<b>Return to your application after submitting to see information provided by your Program Coordinator. Approval process takes time.</b>
Faculty Notes (If applicable): _____	

> **FACULTY APPROVAL** section includes some (if applicable) sections.  
Skip these sections to complete your official application.

ONLY for INTERNS and others with “faculty approved exception,” UPLOAD correct Principal Permission Letter here:

**PRINCIPAL PERMISSIONS (if applicable):**

*Intern Principal Permission Letter (Fillable letter for full-time employed Interns in ECCE and MHSE).*

*Special Education Principal Permission Form (Fillable letter for Special Education candidates only if directed).*

*Student Teacher Principal Permission Letter (Fillable letter for ECCE and MHSE only if directed).*

**Principal Permission Letter upload**

Browse... No file selected.

ONLY for Special Education candidates, faculty will “approve” AFTER advising:

**SPECIAL EDUCATION ONLY (if applicable):**

**SpEd Bilingual Candidates:** Required/approved to "bank" a signed **SpEd bilingual 50 hour timesheet**, which will be collected during coursework: \_\_\_\_\_

**SpEd Dual/GenEd Candidates:** Required/approved to "bank" a signed **SpEd general education/dual (120 hours/20 day) timesheet**, which will be collected during coursework: \_\_\_\_\_

**CLINICAL PRACTICE & PARTNERSHIPS (CPP) APPROVAL**

> After application submission and faculty approval, the Office of Clinical Practice & Partnerships (CPP) confirms that your Fingerprinting Clearance is on file and any additional letters have been received, etc.

**CLINICAL PRACTICE & PARTNERSHIPS (CPP) APPROVAL**

CPP Approval: \_\_\_\_\_

**NOTES:**

*If your situation changes at any point, you are expected to notify your Program Coordinator or Faculty Advisor and [clinical.practice@lehman.cuny.edu](mailto:clinical.practice@lehman.cuny.edu) as soon as possible.*

**CUNYfirst:**

*You **MUST** upload your **Proof of COVID-19 vaccination**, to your CUNYfirst account. **NYCDOE Vaccination Mandate:** All Student Teachers will also be required to upload proof of vaccination to the NYCDOE health portal once you have been assigned a school. Our office does not manage these requirements.*

> This section is ONLY for student teachers who are PLACED by Lehman College. It will be populated approximately 1 – 2 weeks prior to the student teaching semester.

**Teaching Placement Information**

School District, Borough, Number (DBN): \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

School Phone Number: \_\_\_\_\_

## APPLICATION

> Complete the application by answering ALL questions. You will not be allowed to submit the application until all questions are answered.

**NOTE:** If you need to change an answer to a question, logout of Lehman 360 and log back in then make the change.

**My current teaching status is:**

- I do not teach. I will be a student teacher in a Lehman College PK-12 partner school.
- Full-time employed teacher
- Full-time employed paraprofessional/assistant teacher
- Substitute teacher – see important note below!
- Faculty pre-approved exception
- Faculty pre-approved exception Health only
- Faculty pre-approved exception TESOL only

**NOTE Substitute Teachers::**

*You will not be able to work as a substitute teacher during your clinical practice semester.  
If you have any questions, contact your advisor, or visit during Clinical Practice Open Office Hours.*

This question is the key to your application. If your choice is not clear, please speak with your Program Coordinator or visit our CPP Office during Open Office Hours.

[CPP Open Office Hours](#)

Mondays, Wednesdays, Thursdays 3:00pm – 5:30pm (Click on Zoom link above to join)

*Closed Tuesday/Fridays*

NOTES:

Full-time employed teacher = Intern

> Type your full name to sign the application > Click Submit

**Student Signature:**

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me as student teacher/intern.

Student Signature \*

Date 10/20/2021

**SUBMIT**

> After clicking submit you will receive a confirmation message.



## Teaching Application

Submitted. Pending Faculty and CPP Approvals.

NOTE: If you select "No" for any question under Application, you will not be able to submit your application.

**APPLICATION**

I will meet/have met with my Program Advisor or Mentor to discuss my eligibility for the clinical practice semester and approvals for the courses I need to enroll in for my Student Teaching or Intern semester.

Yes

No Your application cannot be approved. Meet with your program advisor.

**Student Signature:**

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me as student teacher/intern.

Student Signature \*

Date

**STOP! MEET WITH YOUR PROGRAM ADVISOR**