

College of Education Application for RD 517

Diagnostic Aspects

Please Return Application to COE 261.

Name:							
D Number:		l:					
	Phone:						
City:	State:	State:		Zip Code:			
emester requested: Fall Spring		Su	Summer Year				
Section No. RD 517 [Example: 001, 8	300] <mark>and CRN</mark> _		[Example: 999	999] for co	urse regis	tration.	
Elementary Major		Seco	Secondary Major				
Prerequisites			Date		ETP Admin's. Initials Room COE 261/219		
Criminal Background Report (fingerprints) cleared and cur			CBR D		Office Use Only		
Initial to indicate this important information	on has been re	ad				Initial	
LECTURES ARE MANDATORY							
8 CLINICS ARE MANDATORY – They are needed	ed to meet the re	equireme	nt.				
Space is limited to the first 20 applications and availability . Priority will be given to those stu AND have an application turned in by the end	dents that will b	e student		-			
Students will not be registered for Field/C expires before the completion of the expe	•			-	•		
I understand that if I receive a grade lower that Field/Clinic experience. I understand that I will will not be eligible until I have retaken the class	be dropped from	m Field/C	linic experience	e if any grad	des are belo	-	
Student's Signature (Required)				Date			
ducation Advisor Signature (Required)				Date			
Please Return Application to COE 261.							
		PD.	517 Instructo	r's Signatu		Date	