



College of Education  
Application for EDCI 519  
**Graduate Practicum Experience**  
**Please Return Application to COE 261.**

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Semester requested: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Year  
Section No. EDCI 219-\_\_\_\_ [Example: 001, 800] **and** CRN \_\_\_\_ [Example: 99999] **for course registration.**

Teaching Major	2 <sup>nd</sup> Teaching Major (If Applicable)	Minor or concentration (If Applicable)

Pre-Requisites	Date	ETP Admins' initials Room COE 261/219
Admission to Educator Preparation Program.		Office Use Only
When do you plan to student teach?		

Initial to indicate this important information has been read	Initial
<b>SEMINARS ARE MANDATORY</b> – Seminars will be held <b>5 times</b> per semester. Specific dates will be announced at the introductory seminar at the beginning of the semester.	
<b>Field experience in a SUPERVISED classroom [NOT YOUR OWN CLASSROOM]</b> for approximately six hours per week are needed to meet the <b>65 hours</b> . Hours will be determined in consultation with the mentor teacher.	
Space is limited to the <b>first 20</b> applications and will be subject to <b>first-come, first-serve</b> and <b>placement availability</b> . Priority will be given to those students that will be student teaching the following semester AND have an application turned in by <b>May 1<sup>st</sup> or December 15th</b> . <b>If registration is on or after the first day of classes in fall or spring semester, Kathy Holt must also sign off on this application BEFORE the student is registered for EDCI 519.</b>	
Placements are made by the Field Experience Coordinators. Placements in Billings Public Schools cannot be guaranteed. You need to be open to other options in Yellowstone County.	

I understand that if I receive a grade lower than a C in my major(s) or minor courses, I will not be able to participate in Field/Clinic experience. I understand that I will be dropped from Field/Clinic experience if any grades are below a C. I will not be eligible until I have retaken the class and received a grade of C or higher and I will plan accordingly.

Student's Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Education Advisor Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Kathy Holt Signature (if on or after the first day of classes) \_\_\_\_\_ Date \_\_\_\_\_  
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EDCI 519 Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_