



College of Education  
Application for EDSP 402  
**Individualizing Curriculum/ Learning Clinic**  
**PLEASE RETURN APPLICATION TO COE 261.**

**Name:** \_\_\_\_\_  
**ID Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Semester requested:** \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Year  
**Section No. EDSP 402-** \_\_\_\_\_ [Example: 001, 800] **and CRN** \_\_\_\_\_ [Example: 99999] **for course registration.**

Elementary Major	Secondary Major

Prerequisites	Date	ETP Admin's. Initials Room COE 261/219	
Admission to Educator Preparation Program	Office Use Only	Office Use Only	
Criminal Background Report (fingerprints) cleared and current	CBR Date Office Use Only	Office Use Only	
EDSP 301 AND EDSP 302/303 must have been completed prior to the Learning Clinic.	EDSP 301 Semester taken:	EDSP 302 Semester taken:	EDSP 303 Semester taken:
Which semester are you planning to Student Teach?	Semester:	Year:	

Initial to indicate this important information has been read	Initial
<b>LECTURES ARE MANDATORY</b> – Lectures will be held an hour before clinic begins.	
<b>10 CLINICS ARE MANDATORY</b> – They are needed to meet the <b>15 hours</b> requirement.	
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>the end of the semester</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 have included a current transcript with this application.	
Students will not be registered for Field/Clinic experiences if their criminal background report expires before the completion of the experience or the end of the semester, whichever is later.	

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**

\_\_\_\_\_  
**EDSP 402 Instructor's Signature** **Date**

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