



College of Education
Application for EDU 438
Literacy Assessment/Reading 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. EDU 438-____ [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
EDU 433 must have been completed prior to the Reading Clinic.	EDU 433	
Which semester are you planning to Student Teach?	Semester taken:	Year:
	Semester:	Year:

Initial to indicate this important information has been read	Initial
LECTURES ARE MANDATORY – Lectures are held on Mondays.	
10 CLINICS ARE MANDATORY – They are needed to meet the 15 hours requirement.	
Space is limited to the first 20 applications and will be subject to first-come, first-serve and placement availability . Priority will be given to those students that will be student teaching the following semester AND have an application turned in by the end of the semester .	
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

EDU 438 Instructor's Signature Date

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