

College of Education Application for EDCI 519

Graduate Practicum Experience

Please Return Application to COE 261.

Name:			
ID Number:	E-Mail:		
Address:		Phone:	
City:			
Semester requested: Fall [Examp	SpringYear	_	
Teaching Major 2 nd Teachin (If Applic		Teaching Minor (If Applicable)	
Pre-Requisites		Date	ETP Admins' initials Room COE 261/219
Admission to Educator Preparation Program.		Office Use Only	Office Use Only
When do you plan to student teach?			
Initial to indicate this important in			Initial
SEMINARS ARE MANDATORY – Se	•	•	tes will be
announced at the introductory sem			and add to
Field experience in a SUPERVISED c meet the 65 hours. Hours will be de			
students are in a full-time teaching			
they will be in their own classroon	•		,,
Space is limited to the first 20 applicate placement availability. Priority will following semester AND have an appregistration is on or after the first day Experiences must also sign off on the	be given to those students to polication turned in by May 1^s y of classes in fall or spring s is application BEFORE the st	nat will be student tead or December 15th. I emester, the Director o udent is registered for	ching the If If Field EDCI 519.
Placements are made by the Director	-	_	Schools
cannot be guaranteed. You need to I understand that if I receive a grade lower to the control of	· ·	•	to participate in Field/Clinic
experience. I understand that I will be droppe retaken the class and received a grade of C o	ed from Field/Clinic experience if ar		
Student's Signature (Required)		Date	
Education Advisor Signature (Requir	ed)	Date	
Director of Field Experiences (if on or after Please Return Application to COE 261.	<u> </u>	Date	