



College of Education
Application for EDU 353
Elementary Junior Field 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. EDU 353- _____ [Example: 001, 800] **and** CRN _____ [Example: 99999] for course registration.

Teaching Major	2 nd Teaching Major <i>(If Applicable)</i>	Minor or Concentration <i>(If Applicable)</i>

Prerequisites	Date	ETP Admins.' Initials Room COE 261/219
Admission to Educator Preparation Program.	Office Use Only	Office Use Only
Which semester are you planning to Student Teach?	Semester: _____	Year: _____
Co-requisite requirement: I will be enrolled in these EDU Methods Courses (minimum of 2) during my Junior Field semester:	EDU _____	
	EDU _____	

Initial to indicate this important information has been read	Initial
SEMINARS ARE MANDATORY – Seminars will be held 5 times per semester. Specific dates will be announced at the introductory seminar at the beginning of the semester.	
Approximately six hours per week in the field are needed to meet the 65 hours . Hours will be determined in consultation with the mentor teacher.	
Space is limited to the first 30 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 May 1st or December 15th . 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 EDU 353.	
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.	

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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EDU 353 Instructor's Signature Date