Name: 

ID Number: __________________________ E-Mail: ______________________________________

Address: ___________________________________________________________ Phone: ______________________

City: ______________ State: __________ Zip Code: ______________

Semester requested: Fall _____ Spring _____ Year _______
Section No. EDCI 519- _____ [Example: 001, 800] and CRN _____ [Example: 99999] for course registration.

<table>
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<tr>
<th>Teaching Major</th>
<th>2nd Teaching Major (If Applicable)</th>
<th>Teaching Minor (If Applicable)</th>
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Pre-Requisites

Admission to Educator Preparation Program.  

When do you plan to student teach?

Office Use Only

Office Use Only

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.

Field experience in a SUPERVISED classroom for approximately six hours per week are needed to meet the 65 hours. Hours will be determined in consultation with the mentor teacher. If students are in a full-time teaching position (OPI Internship/Class 5 Provisional License), they will be in their own classroom and a supervisor will be appointed.

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 May 1st or December 15th. If registration is on or after the first day of classes in fall or spring semester, the Director of Field Experiences must also sign off on this application BEFORE the student is registered for EDCI 519.

Placements are made by the Director of Field Experiences. 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 __________________________

Director of Field Experiences (if on or after the first day of classes)  __________________________ Date __________________________

Please Return Application to COE 261.