

College of Education Application for EDU 354

Secondary Junior Field Experience PLEASE RETURN APPLICATION TO COE 261.

Name:	·					
ID Number:		E-Mail:				
Address:		Phone:				
City:						
Semester requested:						
Section No. EDU 354	[Examp	le: 001, 800] and CRN	[Exam	ple: 99999] fc	or course re	gistration.
Teaching Major		2 nd Teaching Maj (if applicable)	or Minor or Concentration (if applicable)			
Prerequisites			D	ate	ETP Admin's	
Admission to Educator Prepa	ration Prog	ram.	Office	Use Only	Office U	Jse Only
Which semester are you planning to Student Teach?				Semester: Year:		
Have you completed your Pro	ofessional C	ore?				
If not, which courses d	o you still r	equire?				
Co-requisite requirement: I will be enrolled in these EDU Field semester:	EDU EDU					
Initial to indicate this imp	ortant in	formation has been rea	ad			Initial
SEMINARS ARE MANDATORY announced at the introductory	/ – Seminar	s will be held 5 times per ser	nester. Spec	ific dates will	be	
Approximately six hours per in consultation with the men	week in the	e field are needed to meet th		Hours will be o	determined	
Space is limited to the first 30 availability. Priority will be g AND have an application turn of classes in fall or spring ser is registered for EDU 354.	iven to thos led in by M	se students that will be stude ay 1 st or December 15th. If r	ent teaching tegistration is	the following s s on or after t	semester he first day	
Placements are made by the guaranteed. You need to be I have included a current trar	open to oth	ner options in Yellowstone Co	_	s Public Schoo	ols cannot be	
I understand that if I receive a g experience. I understand that I w retaken the class and received a g	rade lower i	than a C in my major(s) or mired from Field/Clinic experience i	f any grades a			
Student's Signature (Requi	red)		Date			
Education Advisor Signature	(Require	ed)	Date			
Kathy Holt Signature (if on or PLEASE RETURN APPLICATION			Date			
			ED	U 354 Instru	ctor's Signatu	re Date