

College of Education Application for EDU 438

Literacy Assessment/Reading Clinic Return Completed Application to COE 219/261

Name:					
ID Number:	E-Mail:				
	Phone:				
City:	State:	Z	ip Code:		
Semester requested: Fall Spring		Summer	Summer Y		
Elementary Major		Secondary	Major		
Prerequisites		Seme	ster & Year	ETP Admins.' Initials Room COE 261/219	
Admission to Educator Preparation Program				Office U	Jse Only
Criminal Background Report (fingerprints) cleared and current			te	Office U	Jse Only
EDU 433 must have been completed prior to the Reading Clinic.			EDU 433 Semester taken:		
Which semester are you planning to Student Teach?					
Initial to indicate this important information h	as been read				Initial
LECTURES ARE MANDATORY – Lectures are held o					
10 CLINICS ARE MANDATORY – They are needed to	o meet the 15	hours require	ment.		
Space is limited to the first 20 applications and will availability . Priority will be given to those students AND have an application turned in by the end of the	s that will be st				
Students will not be registered for Field/Clinic expires before the completion of the experien	•		_	•	
I understand that if I receive a grade lower than a C Field/Clinic experience. I understand that I will be d will not be eligible until I have retaken the class and	Iropped from F	ield/Clinic exp	erience if any ${\mathfrak g}$	grades are belov	-
Student's Signature (Required)			Date		
Education Advisor Signature (Required)			Date		
RETURN APPLICATION TO COE 219/261 at this p			NI 420 In at	atawla Ciarratu	D-4-
(This will be requested by ETP Administrative	e Associate.)	EL		ctor's Signature	Date
			Entered	in Banner	/