



Department of Educational Psychology & Special Education Practicum/Student Teaching Application For Interrelated Special Education (BLD)

A. To be completed by all applicants.

1. Semester you are applying for: Fall, 20___ Spring, 20___ Summer, 20___

Last Name	First Name	MI	Social Security No.
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Street Address	City	State	Zip
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(_____) _____ (_____) _____

Home Phone	Business Phone
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2. Adviser's Name: _____

3. Type of experience you are applying for: *(Check the appropriate course)*

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|---------------------|--------------------------|---------------------------|------------------|
| Certification Only | ___ EXC 4661 Practicum | ___ EXC 4671 Practicum | |
| Master's level Only | ___ EXC 7921 Practicum I | ___ EXC 7931 Practicum II | ___ EXC 7941 III |

(All skills must be mastered or the student will be required to register for additional hours the following semester.)

4. Your current certification area: _____

B. To be completed by all applicants.

List any placement preferences (area of city, type of school, etc.) and/or any special circumstances affecting your placement. Also list preferred age level i.e. elementary, middle school or secondary. This information and your geographical location will be taken into consideration but will not be the determining factor in placement.

The practicum or internship supervisor has the authority to withdraw a student from a classroom experience if the student's performance constitutes a detriment to the students in the class. If such removal is necessary, the student will be given an "F" for the course(s).

I understand that the information on this form will be forwarded to school systems where placement is sought for me. I certify that the information given on this form is correct.

Student Signature	Date
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Note: If you withdraw your application at any time, you must re-activate your application according to established deadlines.

