

**SHIPPENSBURG UNIVERSITY
EDUCATIONAL LEADERSHIP DEPARTMENT**

APPLICATION FOR PRACTICUM I AND II

PRACTICUM EXPERIENCES MUST BE ARRANGED WITH PROGRAM COORDINATOR AT LEAST ONE SEMESTER IN ADVANCE OF PRACTICUM I

NAME _____ STUDENT ID: _____

ADDRESS _____

PHONE: (Work) _____ (Home/Mobile) _____

EMAIL: _____

Semester accepted into the program _____

Courses completed and semesters of completion:

Course: _____	Semester: _____
Course: _____	Semester: _____
Course: _____	Semester: _____
Course: _____	Semester: _____
Course: _____	Semester: _____
Course: _____	Semester: _____

I am applying for Practicum I during Semester _____ of the 20____-20____ School Year.

NOTE: Practicum I should be taken after you have completed at least four courses.

I am applying for Practicum II during Semester _____ of the 20____-20____ School Year.

NOTE: Practicum II should be taken at the end of your program, after you have completed all required courses.

Practicum I and II requirements will be fulfilled at:

(Building/District Location) (District)

Mentor _____ Title _____

Address _____ Phone _____

My home school district is:

(Building) (District)

Superintendent's approval:

(Signature) (Date)

Please email your completed application to Cindy Poe: cmpoe@ship.edu