

APPLICATION FOR APPROVAL OF PRACTICUM
SCHOOL OF EDUCATION
COLORADO STATE UNIVERSITY

CRN # _____
Override Provided _____

TO BE COMPLETED BY STUDENT:

STUDENT NAME _____
Last First Middle

E-MAIL ADDRESS _____

CSU ID # _____ DEGREE/SPECIALIZATION _____

ENROLLING IN (Check One)	<input type="checkbox"/> EDUC 386	Section _____	<input type="checkbox"/> EDUC 486D	Section _____	<input type="checkbox"/> ED AE 586	Section _____	<input type="checkbox"/> ED OD 786	Section _____
	<input type="checkbox"/> EDUC 386A	_____	<input type="checkbox"/> EDUC 486I	_____	<input type="checkbox"/> ED CO 686	_____	<input type="checkbox"/> ED RM 786	_____
	<input type="checkbox"/> EDUC 486B	_____	<input type="checkbox"/> EDUC 486J	_____	<input type="checkbox"/> ED UC 686A	_____	<input type="checkbox"/> ED UC 786	_____
		_____		_____	<input type="checkbox"/> ED UC 686B	_____		_____

This practicum is Paid _____ Unpaid _____ (please check one)

TERM TO BE REGISTERED _____ YEAR _____ CREDITS _____

TYPE OF REGISTRATION: RESIDENT INSTRUCTION _____ CONTINUING EDUCATION _____

_____ = Number of Contact Hours During Practicum: (30 contact hours = 1 semester credit)

BRIEF DESCRIPTION OF PRACTICUM (Include goals, rationale (value), nature of experience, outcomes)
(Please use additional pages, if necessary)

STUDENT'S SIGNATURE _____ DATE _____

APPROVED BY SUPERVISOR _____ DATE _____

APPROVED BY STUDENT'S ADVISER
(print name) _____ DATE _____

A copy of this enrollment form has been filed with the School office. _____ DATE _____