## Special Education/Speech-Language Pathology Graduate Practicum/Internship Application

Application Deadlines: Fall 2008 - 2/4/08 Spring 2009 - 5/5/08

DIRECTIONS: You must fill out a form for **each semester** you plan to enroll in Practicum or Internship. This form must be completed and returned to the SPED/SLPA department no later than the deadline for the term in which you wish to enroll in Practicum or Internship. REMEMBER, you must also register for this course through UWG at the appropriate registration time. Note that submission of completed forms does not guarantee enrollment in the class. The Office of Field Experiences must request approval from your school district in order for you to complete the practicum in your own classroom.

| This application                            | is for:          | Fall 2008  | Spring 2008                                    |                        |  |
|---|------------------|--|--|------------------------|--|
|   | SPED 4791        | (BD/LD)  | SPED 6791 (Into                                | errelated)             |  |
|   | SLPA 6790        |  | SLPA 6791                                      |                        |  |
|   | SLPA 6792        |  | SLPA 6793                                      |                        |  |
|   | _ SLPA 6794      | (Externship)   | SLPA 6796 (Inte                                | ernship)               |  |
| Name  |                  | Middle   |  |                        |  |
| Last  | First            | Middle   | ID   | Number                 |  |
| Home Address:                               |                  |  | Work Phone                                     |                        |  |
| _   |                  |  | Home Phone                                     |                        |  |
| Please respond to the f                     | ollowing questic | ons:   |  |                        |  |
| 1 yes no                                    |                  | Do you hold a current valid clear renewable educator certificate?  (Please attach a copy)  |  |                        |  |
| 2 yes no                                    | Do you holo      | Do you hold a current provisional certificate? (Please attach a copy)  |  |                        |  |
| 3 yes no                                    |                  | Do you wish to complete your practicum/internship in your own worksite?  |  |                        |  |
| information:                                | . , ,            | , and the second | n classroom provide th                         | J                      |  |
|   |                  |  | ication of Students                            |                        |  |
| District                                    |                  | School   | )1   |                        |  |
| If you are not curre<br>you would like to c |                  | •  | ict, please list two distr                     | icts and schools where |  |
| 1. District                                 |                  | S  | School   |                        |  |
| 2. District                                 |                  | S  | School   |                        |  |
|   |                  |  | OFFICE OF FIELD EXPI<br>REQUEST APPROVAI       |                        |  |
|   |                  |  | mpleted paperwork mus . Late applications will |                        |  |
| Candidate Signature                         |                  | Date Adviso  | or Signature                                   | Date.                  |  |