GTEP FAX COVER SHEET

Nova Southeastern University Abraham S. Fischler School of Education 1750 NE 167 Street North Miami Beach, FL 33162

Fax: (954) 262-3961		
Date:		
For: Applied Field Experience App	lication	
From:	NSU ID#: N	
Student's name:	NSU Email:	@nova.edu
Contact Phone: Day ()	Evening ()	
Return Fax Number: ()		
Include the following pages:		
 This cover sheet Administrator Consent form Student Transaction form 		
Comments:		
Number of pages, including this co	over sheet:	
If you have any questions about thes 28519 or edlintern@nova.edu.	e forms, please contact Interr	nship Office at (800) 986- 3223 ex.

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GTEP FIELD-BASED PROJECT/PRACTICUM PROJECT SITE ADMINISTRATOR CONSENT FORM

Each GTEP field-based project and reading practicum student must contact the administrator of the facility where the project/practicum is to be implemented. (In most cases, this is the principal at the project school.) The student will describe the proposed project and request the administrator's consent to implement the project at his/her facility (pending proposal approval by the student's instructor). This form must be completed by the student and the administrator and submitted as part of the application for an Applied Field Experience course.

A copy of this completed form must also be included with the proposal at a later date (see syllabus), so the student must keep a copy. [Note: If there is a change in project site between application and completion of the proposal, a new form must be completed and submitted prior to implementation.]

No names of students or school personnel will be included in the proposal or final report.

ROLE OF THE ADMINISTRATOR

- The administrative professional at the student's project site is asked to provide the student with some insights for identifying a critical problem in the classroom.
- This administrator acts as a facilitator to assist in clarifying the project through encouraging and supporting the student's critical approach to project design, implementation, and evaluation.
- The administrator assists with working out solutions to difficult implementation problems and provides the flexibility to access other professionals and/or the participants during the process.
- The administrator, along with the University instructor and the Applied Field Experience Administrator, is a support person for the student.

The instructor and/or the Applied Field Experience Administrator may contact the administrator after receiving the official assignment if he/she needs additional information. Reading practicum students may be observed by a University Supervisor.

The administrator is asked to grant permission for this supervisor or the instructor to make one or more observations, as needed, of the student implementing his/her project.

• The administrator is asked to observe the project implementation so that he/she can verify that the project took place. The administrator confirms that the project has taken place by completing the Administrator Verification Form at the end of the implementation of the project. The student will submit the verification form with his/her final report.

ADMINISTRATOR CONSENT FOR PROJECT IMPLEMENTATION (following proposal approval)

please print: Nova Southeastern University (NSU)	student's name	Course Prefix and number		
please print: Name of site;	address, city, state, and	and zip code		
please print: name of project site Administrator	Administrator's position/title	Site Telephone number		
Administrator's signature		 Date		

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Please complete this checklist before submitting this application:	
I have downloaded and read the syllabus for my Applied Field Experience course.	
I understand that my Applied Field Experience course requires that I spend a specific number of hours in a educational setting to complete the course requirements.	n
I will have completed the prerequisite number of credits for my Applied Field Experience course prior to the term in which I wish to take the course.	he
I have the required security clearance and have received my badge.	
I am including a copy of my security clearance badge or letter.	
_I have printed the application form and obtained the educational setting's administrator's approval and signature on the Project Site Administrator Consent Form.	
I have completed the Student Transaction Form.	
I am submitting the completed Applied Field Experience application form, the Project Site Administrator Consent Form, the Student Transaction form, and this checklist.	
I understand that incomplete applications, including those without a signed Project Site Administrator Consent Form and/or those without a completed and signed Student Transaction Form and/or proof of security clearance, <i>will not be processed</i> . Applications <i>will not be accepted</i> after registration has closed. If your application is not approved, you must submit a new application for a subsequent session.	7
I understand that the time required to complete the assignments for the Applied Field Experience must be beyond those required of you as an employee during the normal working day. It is recognized that some of the experiences may need to take place during the work day; however, these activities must be approved in advance by your immediate supervisor. Other activities may be completed in before- or after-school programs. Assignments may require time to be spent in other teachers' classrooms.	
I understand that, upon completion of my course, I need to report my field experience location. Once you have completed your field experience, please access	
http://apps.fse.nova.edu/placementform/placementform.aspx to report your placement information.	
You must mail, fax, or scan and email this completed, signed form (all pages), the Project Site Administrator Consent Form, and a copy of the completed, signed Student Transaction Form to the name and address/fax number listed on the first page.	
Please sign and include this page when you submit your application.	
I have read and understand the information on this application.	
(signature) (date)	



Student Transaction Form (one semester per form only)

BTF

Enrollment and Student Services Office of the University Registrar 3301 College Avenue * Fort Lauderdale, Florida 33314-7796 (954) 262-7200 * 800-541-6882 * Fax (954) 262-3256

Last Name			First Name	First Name		Middle Initial			
NSU ID N	ISU ID N Phone Number		mber		Semester				
Students must be accepted	st be officially r 30 days after e	registered prior each semester e	to the start date of cor ends. Students are res	urse(s) in order to participate ponsible for reviewing their r	in and receive acade egistration and acade	mic credit for those co emic records each ser	ourses. Changes to nester for accuracy	o course regist ry.	rations will no
Courses to	Add								
Course Ref. No. Subject Course No.		Section	Section Course Title		Start Date/End		End Date	1 Date Cr. Hrs.	
Courses to	Drop or Wit	hdraw				- 02	<u> </u>	A.	9
Course Ref. No.	Subject	Course No.	Section	Course Title		Start Date/End	Date Cr. Hrs.	Last Date of Office U	
	35		1						
I agree to pa upon my ag and NSU er I understand Delinquent a attorney fee	ay all NSU charg preement to pay I mail are the offic of that a past du student account as and court cost	es pursuant to NS natitutional costs ial means that the re student accour balances may be s. This agreement	U policies, I understand including, but not limited university will use to co it balance will result in a reported to a credit burea	FINANCIAL LIABILITY And that the university is advancing voto, tutton, fees, housing, meal permunicate with me. It is my respective a financial hold, which prevents as and referred to collection agent coordance with Florida law, and a	alue to me in the form of lan, and any additional of consibility to view my chi tuture registrations as of cles or litigated. I agree to	costs, when those charg arges in NSU SharkLink well as other services to to pay any costs associal	es become due. I un or NSU eBill. eing offered in acco led with the collectio	derstand that NS ordance with unit n of unpaid charg	SU SharkLink versity policy. ges, including
Student Sign	nature			Date			Office	e Use Only	
Adviser Signa	ature	Prir	nt Name	Extension	Date	Pro	cessed by	Date	