

UNIVERSITY OF HOUSTON – CLEAR LAKE
SCHOOL OF EDUCATION GRADUATE
COUN/ECED/TCED/LLLS/INST GRADUATE PRACTICUM APPLICATION

FALL _____ (Year)

SPRING _____ (Year)

SUMMER _____ (Year)

**STUDENTS MUST SUBMIT APPLICATION, SIGNED BY THE FACULTY ADVISOR AND DEPARTMENT CHAIR, TO THE CPDT OFFICE
(B1231) BY DEADLINE**

***June 8 for fall semester**

***October 1 for spring semester**

***March 1 for summer semester**

In the event that the application deadline falls on a weekend or University holiday, applications will be accepted on or before the close of business on the following workday.

ALL PLACEMENT SITES MUST HAVE AN APPROVED UHCL AGREEMENT OF AFFILIATION ON RECORD WITH THE CENTER FOR THE PROFESSIONAL DEVELOPMENT OFFICE PRIOR TO BEGINNING THE PRACTICUM.

Check your degree/certification program (practicum course number):

Counselor (COUN 5739)

Counselor (COUN 6739)

Reading Specialist (LLLS 6839)

Early Childhood Practicum (ECED 6739)

Instructional Technology (INST 6739)

Curriculum & Instruction (TCED 6739)

School Librarian (SLIS 6739)

Student's Name (Last, First): _____ Student ID _____

Mailing Address (Street, City, State, Zip): _____

Phone/Work: _____ Home: _____ Cell: _____ Email: _____

Place of Employment (District, School, Agency/Organization): _____

Mailing Address (Street, City, State, Zip): _____

PREFERRED PLACEMENT SITE:

District/School or Agency/Organization: _____

Mailing Address (Street, City, State, Zip): _____

Campus/District/Agency/Organization Supervisor: _____

Supervisor Title, Phone and Email: _____

Student Signature: _____ Date: _____

UHCL Faculty Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

[FOR FACULTY USE ONLY – RECORD CHANGES HERE FOR YOUR FILES]

Requestor: _____ Phone: _____ Fax: _____

Mailing Address: _____

Campus/District/Agency/Organization/Supervisor: _____