

UNIVERSITY OF HOUSTON – CLEAR LAKE
COLLEGE OF EDUCATION
COUN/ECED/TCED/LLLS/INST/SPED 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)

Young Children w/Disabilities (SPED 5737)

Curriculum & Instruction (TCED 6739)

School Librarian (LLLS 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: _____