

UNIVERSITY OF HOUSTON – CLEAR LAKE  
SCHOOL OF EDUCATION GRADUATE  
ADSU/EDLS GRADUATE PRACTICUM APPLICATION

FALL \_\_\_\_\_ (Year)

SPRING \_\_\_\_\_ (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**

*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 (6PM) 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 AND HAVE BEEN APPROVED BY THE PROGRAM COORDINATOR. THESE SITES MUST INCLUDE EDUCATIONAL SETTINGS WITH DIVERSE STUDENT POPULATIONS, AND ALLOW FOR OBSERVATIONS, MODELING, AND THE DEMONSTRATION OF EFFECTIVE PRACTICES TO IMPROVE STUDENT LEARNING.**

You must meet all graduate practicum entry requirements and also be formally accepted by letter into the School of Education graduate program and have the corresponding degree plan or certification plan on file in SoE before the application deadline for graduate practicum.

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

Principal (ADSU 6739)

Superintendent (EDLS 7837)

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's Certification Credentials-check (✓) one:

Principal/Mid-Management

Superintendent

I prefer to enroll in the ADSU 6739 Graduate Practicum at the following location- check (✓) one:

UHCL

Cinco Ranch

Pearland

Alief ISD

San Jacinto College North

Student 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: \_\_\_\_\_