Special Education/Speech-Language Pathology
Graduate Practicum/Internship Application
In Georgia Public Schools

Application Deadlines: **Fall 2012 – 2/6/12**
Spring 2013 – 4/2/12
Fall 2013 – 2/4/13

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 Department of Collaborative Support and Intervention prior to 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 or Internship.

This application is for: _____ **Fall 2012** _____ **Spring 2013** _____ **Fall 2013**

Check One:

_____ SLPA 6790
_____ SLPA 6791
_____ SLPA 6792
_____ SLPA 6793
_____ SPED 6792
_____ SPED 6793
_____ SLPA 6794 (Externship)
_____ SLPA 6796 (Internship)

Name _____ _____
Last First Middle ID Number

Home Address: _____ Work/Cell Phone _____
_____

Please respond to the following questions:

1. ____ yes ____ no Do you hold a current valid clear renewable educator certificate? (Please attach a copy)
2. ____ yes ____ no Do you hold a current provisional certificate? (Please attach a copy)

List all public schools in which you/your children/relative(s) currently attend/work.
_____

If you wish to complete your practicum in your own classroom provide the following information:

Current Position _____ Classification of Students _____
District _____ School (Elem, MS, HS) _____

If you are not currently employed by a school district, please list two districts and schools where you would like to complete your practicum.

1. District _____ School (Elem, MS, HS)_____
2. District _____ School (Elem, MS, HS)_____

DO NOT CONTACT DISTRICTS/SCHOOLS. THE OFFICE OF FIELD EXPERIENCES WILL WORK WITH YOUR ADVISOR/DEPARTMENT TO REQUEST APPROVAL FOR YOUR PLACEMENT.

Return this form to your advisor for approval. Completed paperwork must be submitted to the departmental secretary by the appropriate deadline. Late applications will not be accepted.

_____ _____
Candidate Signature Date Advisor Signature Date