

DEPARTMENT OF EDUCATION
OFFICE OF FIELD EXPERIENCES

PRACTICUM APPLICATION

Semester of Practicum Placement Fall 20____ Winter 20____ Spring 20__

Name _____ Hawks ID # _____

Local Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Cell (____) _____ Home (____) _____

RWU Email _____

Are you an athlete? No ____ Yes ____ Sport _____ Season _____

CHECK ALL THAT APPLY

Elementary (Grades 1-6)

☐

Undergraduate

Must pass all coursework and have an overall GPA of 2.75 or above prior to student teaching

☐

Graduate

Must pass all coursework and have an overall GPA of 3.0 or above prior to student teaching

Secondary (Grades 9-12)

☐

Undergraduate

Must pass all coursework and have an overall GPA of 2.75 or above prior to student teaching

Middle School Extension

☐

Undergraduate

Must pass all coursework and have an overall GPA of 2.75 or above prior to student teaching

Secondary Content Area _____

Elementary Core Concentration _____

Please check if applicable:

STEAM Application Completed ☐

Interested in a Meeting Street School Placement ☐

***Note: Advancement to Practicum is contingent upon successful completion of Level II coursework and Level II portfolio.**

PRACTICUM ELIGIBILITY FORM

NAME _____

DATE _____

ED DEPARTMENT ADVISOR _____

PRIMARY MAJOR ADVISOR _____

I must complete the following courses to fulfill the requirements of all academic programs

<u>Department of Education</u>	<u>Core</u>	<u>Primary Major (Secondary)</u>

DEPARTMENT OF EDUCATION ADVISOR

With the successful completion of the courses listed above, I certify that _____ will be eligible to Student Teach by _____.
(Date) (Student's Name)

Advisor's Signature

Date

MAJOR ADVISOR

With the successful completion of the courses listed above, I certify that _____ will be eligible to Student Teach by _____.
(Date) (Student's Name)

Advisor's Signature

Date

I certify that I have met all of the Practicum criteria:

- ☐ Full acceptance into the Department of Education
- ☐ Prerequisite education course(s)

Please list the name of the schools you completed field experience:

Freshman field trip: _____

Level II - Sophomore year: _____

Level II – Junior year: _____

- ☐ Official results of TB test
- ☐ Official RI Attorney General Criminal Background Check results (must be submitted with application if you did not have a BCI check for you fall semester classes).

Have you ever been convicted of a felony? Yes ☐ No ☐

Signature _____

Date _____