



ELAS Practicum Application/Agreement

Application for: ELAS 6304: Practicum for Principalship Certification and the M.Ed.

Instructions: Submit this application and an updated copy of your certification plan *prior to the class registration deadline*. The Practicum class will typically meet during the first week of the semester either in person or by phone. (See the course Blackboard site for more information.)

Participant Name:		Participant #:	
Address:			
Primary phone:		Alt. phone:	
UHV E-mail:		Alt. E-mail:	
Current Position:			
Name of School:			
Estimated Program Completion Date:		List of Courses remaining (Not including practicum):	

Host Administrator:			
School Address:			
Host Administrator phone:		Host Administrator alternate phone:	

I support the 160-hour Internship/Practicum experience for this UHV graduate program participant and will work with the Practicum Team to provide a quality experience. It is understood that the practicum participant will take the primary initiative and responsibility for planning and performing the work of this experience.

Participant Signature:	Date: ___/___/___
Host Administrator Signature:	Date: ___/___/___
UHV Facilitator Signature:	Date: ___/___/___