



UNIVERSITY OF  
**NORTHERN  
COLORADO**

School of Special Education  
Application for EDSE 693: Practicum in Special Education  
**FORM D: PRACTICUM FOR INTERNATIONAL STUDENTS**

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**TEACHER CANDIDATE NAME**

**BEAR #**

**Instructions for Teacher Candidates**

Complete all 3 pages of this application and review it with your advisor before the application deadline. Deadlines are posted on the School of Special Education website. Practicum is not offered during the Summer Session.

Your advisor must sign your application before it can be processed.

Before you can be released to register for EDSE 693, you must have completed EDSE 517 and all required coursework. (See advisor for exceptions)

Your final application packet should include the following:

- € All 3 pages of the application (including this page), completed and signed
- € A copy of your resume
- € A letter to a potential cooperating teacher (describing your interest in Special Education; what knowledge/skills you offer; and what you hope to learn from the cooperating teacher in your practicum placement)
- € A copy of your Academic Transcript (available on URSA)

**Instructions for Advisors**

Please review the packet to be sure that all of the materials listed above are included.

Review the Academic Transcript for all needed coursework and GPA (3.0 or above).

Sign below and indicate number of credit hours (3 credit hours minimum).

_____ Advisor's Signature Hours	_____ Date	_____ Credit

## Teacher Candidate Information

Name

Bear Number

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Home Address


Home Phone

Work Phone

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Email Address

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## Placement Information

I would prefer to be placed in € elementary school

€ middle school/junior high

€ high school

Please indicate your first, second and third choices for school districts. Teacher candidates are NOT to contact districts/schools to set up a placement. **Teacher candidates will not be placed in a school where another family member attends or is employed.**

### First Choice

School Name (optional)

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School City

School District

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Cooperating Teacher Name (optional)

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(continued on next page)

### Second Choice

School Name (optional)

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School City

School District

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<b>Cooperating Teacher Name (optional)</b>	

**Third Choice**

**School Name (optional)**

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**School City**

**School District**

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**Cooperating Teacher Name (optional)**

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Are there any other factors we need to consider when coordinating your placement? **Please indicate your preference of program for placement (Academic Support Needs, Significant Support Needs, Affective Needs, etc.**
