

Application for Practicum in Early Childhood (EDEC 4290)

Incomplete or incorrect forms will not be approved. You cannot register for this course without prior approval.

1. Applications are due on the date posted by the School of Education.
2. Please attach an unofficial cumulative HBU transcript (from HuskyNet).

NAME _____ **H#** _____

Address _____

Telephone _____ **Email:** _____

(all university communications will use your HBU email)

Semester Practicum requested _____ **Fall** _____ **Spring** _____ **Year**

Please indicate when you have taken (or are currently taking) the following prerequisite courses:

Course	Semester	Year
EDEC 4313		
EDUC 4301		

What courses are you planning on taking at the same time as this practicum class?

Course	Course Name	Days	Time

Check one of the following to indicate preference for practicum placement:

- Alief ISD
 Fort Bend ISD
 Spring Branch
 Other

First Choice

Second Choice

Name of School, Preschool or Church	Name of School, Preschool or Church
Name of Principal or Director	Name of Principal or Director
Complete Mailing Address	Complete Mailing Address
Phone Number and Fax Number	Phone Number and Fax Number

Signature of Student

Date

Instructor's Approval

Date