



COLLEGE OF ARTS & SCIENCES, AND EDUCATION
Office of Field Services and Professional Development Schools
2500 West North Avenue, Baltimore, Maryland 21216
 Grace Hill Jacobs Room 709; (410) 951 – 3081
“Educator as Reflective Facilitator of Learning”

Clinical Practice Application

_____ Date of Application

PERSONAL INFORMATION

Name: _____ / _____ / _____ Student ID # _____
First MI Last Date of Birth

Local Address: _____ City _____ State _____ Zip _____
Street/Apt #

Phone #: _____ Email Address: _____

Academic Major: _____ Minor: _____

GPA: _____ Expected date of Graduation: _____

ADDITIONAL INFORMATION *(Check appropriate answer)*

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of violation of law other than a minor traffic ticket? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have criminal charges or procedures pending? |

If you answer “yes” to any of the above questions, please explain on a separate page and attach.

Complete your early field experience information below

Course	Semester/Year	Placement Site	Grade Observed	P-12 Clinical Educator	# of hours completed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADDITIONAL INFORMATION *(Please indicate the correctness of each statement by initialing on each space provided.)*

- _____ I have completed all general education requirements
- _____ I have completed major and minor course requirements
- _____ I have a grade point average of at least 2.5.
- _____ I have taken passed all Praxis II requirements. (Indicate the correct response by checking the appropriate box.)
- _____ I have taken passed the interview requirement. (Indicate the correct response by checking the appropriate box.)
- _____ I have taken passed the essay requirement. (Indicate the correct response by checking the appropriate box.)
- _____ I have completed the required physical examination requirement.

Return the completed form to the Office of Field Services – GJ 709