

EDAD 5399 Principal Practicum Application
TARLETON STATE UNIVERSITY
Department of Educational Leadership and Technology

Personal Information:

Name: _____ UIN: _____

Street Address: _____

City, State, ZIP Code: _____

Personal Email: _____ Cell/Mobile # _____

Professional Information:

School Name: _____ School District: _____

Street Address: _____

City, State, ZIP Code: _____

Current Professional Position/Include Grade Level(s): _____

Work Email: _____ Work Telephone: _____

- **I request permission to register for the Educational Administration Principal Practicum Course for the following semester and year:**

Semester: _____ Year: _____

Deadline for Practicum Application for Fall Semester: July 1st
Deadline for Practicum Application for Spring Semester: November 1st

- **I have completed all of the courses required for certification except for the following (Do not include courses currently completing or to be taken prior to EDAD 5399.):** -

| Prefix and Course Number | Title of Course |
|--------------------------|-----------------|
| | |
| | |
| | |

- **I have successfully arranged for the following administrator to assist me with fulfillment of all practicum requirements:**

Administrator/Site Supervisor Name: _____

Administrator/Site Supervisor Job Title: _____

School Name: (if different) _____ District: _____

School Street Address: (if different) _____

City, State, ZIP Code: (if different) _____

Work Email: _____ Work Telephone: _____

Confirmation of Site Supervisor Approval: _____

(Placing the supervisor's name on the line above confirms that the individual named has agreed to serve as site supervisor.)

- **Please identify the following information, in priority order by day and time, regarding the best time for visits or online meetings with the University/Field Supervisor:**

| Best Days of the Week (M-F) | Best Times |
|-----------------------------|------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Important: Please send this form and any special instructions regarding the location of your school in the event of a visit or meeting. Email to Dr. An Nguyen at vnguyen@tarleton.edu or mail to Dept. of Ed Leadership & Technology, Box T-0815, Stephenville, TX 76402.

Date Practicum Application Submitted: _____

For additional information regarding requirements and procedures for EDAD 5399 Principal Practicum, please contact Dr. An Nguyen, Coordinator of the Principal Certification Program at Tarleton State University, at 254.968.1937 or vnguyen@tarleton.edu.

For assistance with this application, contact Mrs. Phyllis McCann 254.968.1947 or mccann@tarleton.edu.