

**EDAD 5398 Principal Practicum 1 Application**  
**TARLETON STATE UNIVERSITY**  
**Department of Educational Leadership and Technology**

Personal Information:

Name: \_\_\_\_\_ UID: \_\_\_\_\_

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: \_\_\_\_\_

**Deadlines for Practicum Application: Fall Semester: July 1st; Spring Semester: November 1st**

- I have completed all of the following courses required for certification: (You need to complete all core courses below prior to taking the Practicum. You may concurrently take the following courses while taking the Practicum: EDAD 5301, EDAD 5355, and EDAD 5342, with approval from the department chair.)

Courses Completed	Semester & Year Completed
EDAD 5300 Foundations of Educational Leadership	
EDAD 3507 Leadership of Programs and Procedures in Supervision	
EDAD 5309 Legal Issues in School Leadership	
EDAD 5316 Instructional Leadership (ILD)	
EDAD 5339 Processes of Educational Leadership	
EDAD 5345 Leadership of Curriculum Systems	

- **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 email this form to [PrincipalCert@tarleton.edu](mailto:PrincipalCert@tarleton.edu) or mail to Dept. of Ed Leadership & Technology, Box T-0815, Stephenville, TX 76402.**

**Note: Remember to enroll in the EDAD 5398 Practicum 1 Course after submitting this application.**

**Date Practicum Application Submitted:** \_\_\_\_\_

For additional information regarding requirements and procedures for the Principal Practicum, please contact the Department of Educational Leadership and Technology at 254-968-1947.