

EDAD 5399 Principal Practicum 2 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 completed EDAD 5398 Principal Practicum 1 during the following semester: _____**
- **and year: _____**

- **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 or mail to Dept. of Ed Leadership & Technology, Box T-0815, Stephenville, TX 76402.

Note: Remember to enroll in the EDAD 5399 Practicum 2 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.