

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 send this form to Ms. Phyllis McCann at McCann@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.