

APPLICATION FOR PRACTICUM APPROVAL  
SCHOOL OF EDUCATION  
COLORADO STATE UNIVERSITY

CRN # \_\_\_\_\_  
Override Provided: \_\_\_\_\_

TO BE COMPLETED BY STUDENT:

STUDENT NAME: \_\_\_\_\_  
Last First Middle

E-MAIL ADDRESS: \_\_\_\_\_

CSU ID: \_\_\_\_\_ DEGREE/SPECIALIZATION: \_\_\_\_\_

CHOOSE ONE COURSE

Section
EDAE 586 _____
EDCO 686 _____
EDCT 486 _____
EDOD 786 _____

Section
EDRM 786 _____
EDUC 386 _____
EDUC 486A _____
EDUC 486B _____

Section
EDUC 486C _____
EDUC 486D _____
EDUC 486E _____
EDUC 686A _____

Section
EDUC 686B _____
EDUC 786 _____

PRACTICUM PAYMENT: PAID UNPAID (please check one)

REGISTRATION: TERM: \_\_\_\_\_ YEAR: \_\_\_\_\_ CREDITS: \_\_\_\_\_ ON-CAMPUS DISTANCE

CONTACT HOURS: \_\_\_\_\_ (30 contact hours = 1 semester credit)

BRIEF DESCRIPTION OF PRACTICUM: (Include competencies, goals, rationale/value, nature of experience, outcomes)  
Attach additional pages, if necessary.

PRACTICUM SUPERVISOR: \_\_\_\_\_  
Name Phone E-Mail  
Signature Date

STUDENT SIGNATURE DATE

ADVISOR SIGNATURE DATE