

THE CITY COLLEGE OF NEW YORK/CUNY SCHOOL OF EDUCATION / OFFICE OF FIELD EXPERIENCES

NAC 6/207A 550-6915 / FAX (212) 650-5379

		Te	el. (212) 650-6915 / FAX	X (212) 650-5	5379		
]	TESOL I	PRACTICU	M Application	(EDCE	6601C, 6602C,	6604C)	
Semester	for which I	Practicum is bein	g requested:				
				Fall	Spring	Summer	
I.	<u>Personal 1</u>	<u>Information</u>					
Name:		Last	First		Middle		
		Last	FIFSt		Middle		
Student II	D Number:	T		Email:			
Permanent Address:							
					(CELL)		
II. Eligibility (To be completed by a Faculty Advisor)							
	1) Has the student completed more than 12 credits? Yes () No ()						
	2) Is the student's GPA above 3.0 Yes () No ()						
3) Does the students meet professional standards displaying satisfactory attitudes and behaviors Yes () No ()							
4) TESOL Practicum Area (Check one)							
EDCE 660	01C- Eleme	entary K-6 🗆 El	DCE 6602 – MS- H	S 7-12 □	EDCE 6604- Adult	s 🗆	
() I do no	ove this stude ot approve th		cum application. teaching application. ng application with the	following 1	reservations:		

Advisor's Signature

Advisor's Name

Date

III. TESOL PLACEMENT NEEDS _____ I need assistance with placement- (Complete yellow card) _____ I would like you to consider the following site for placement: School Address School Contact: Phone Comments: I certify that the information given in this application is correct and accurate to the best of my knowledge, and I hereby agree to abide by the policies and regulations set forth by The City College of the City University of New York. Should any information change prior to my completing my student teaching assignment, I will immediately notify the Director of Field Experiences. I understand if, in the opinion of The College in consultation with the schools, it becomes necessary to terminate my student teaching assignment, this will be done.

Date

Student's Signature