

**EASTERN ILLINOIS UNIVERSITY
PRACTICUM APPLICATION/AGREEMENT**

Before applying for EDA 5890, students are responsible for reading the requirements for entry into the practicum. These are located at http://www.eiu.edu/~edadmin/resources_links.html . (Print or type clearly.)

Date _____ Semester and Year for Practicum _____

_____ Campus Student **OR** _____ Cohort Student _____ Name/Number of Cohort

Personal Information

Student's Name _____ E# _____
Position _____ School _____
School Address _____ Phone _____
_____ ZIP Code _____
Home Address _____ Phone _____
_____ ZIP Code _____
EIU E-mail Address _____

Program Information

Hours completed at the END of the current semester _____
Special Considerations (Anything to add for our planning) _____

Practicum Site Information

Supervisor's Name (Dr., Mr., Ms.) _____ Title _____
Years of Administrative Experience _____ E-mail _____
School Name _____ Phone _____
Street Address _____
City/State/Zip Code _____

Statement of Confidentiality and Agreement to Practicum Requirements: I understand that during the course of events associated with practicum experiences, I may be privy to confidential information. I understand that such information may not be shared and further communicated without permission. Any breach of laws and regulations concerning issues of confidentiality may result in my receiving a failing grade in the practicum experience. Additionally, I have reviewed the requirements for the practicum as outlined in the practicum handbook and understand the criteria for successful completion of the practicum.

Student's Signature _____ Date _____

Statement of Agreement: I have reviewed the host administrator's responsibilities and requirements for the practicum and will provide the student with opportunities and assistance necessary to fulfill those requirements.

Host administrator's Signature _____ Date _____