**E-number: Click here to enter text.**

**Option: Select only one.**

[ ] Community Health [ ] Health Administration [x] Emergency Management and Disaster Preparedness

[ ] School Health

**First Name: Click here to enter text. Last Name: Click here to enter text.**

**Who is your advisor? Select only one.**

[ ] Dr. Julie Dietz [ ] Dr. Sheila Simons

**LOCAL ADDRESS:**

**Street:**Click here to enter text.

City:Click here to enter text. State:Click here to enter text. Zip Code: Click here to enter text.

**PERMANENT ADDRESS:**

Street:Click here to enter text.

City:Click here to enter text. State:Click here to enter text. Zip Code:Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Semester hours transferred | Click here to enter text. | Total hours COMPLETED | Click here to enter text. |
| Semester expected to Intern | Click here to enter text. | Semester expected to Student Teach | Click here to enter text. |
| GPA as it appeared on last grade report | Click here to enter text. | Major GPA | Click here to enter text. |
| Semester expected to graduate | Click here to enter text. | Are you a member of Eta Sigma Gamma? | Click here to enter text. |

**Educational Requirements for INTERSHIPS**: Indicate date taken (or expected completion of the following:

HST 2700Click here to enter text. HST 3700Click here to enter text. HST 4250Click here to enter text.

**Educational Requirements for STUDENT TEACHING**: Indicate date taken (or expected completion of the following:

SED 2000;Click here to enter text. EDF 2555Click here to enter text. HST 4250Click here to enter text.

EDP 3331 Click here to enter text. EDF 4450Click here to enter text. SPE3500/PED 2450Click here to enter text.

HST 3400Click here to enter text. SED 3000Click here to enter text. SED 3100Click here to enter text.

To what professional organizations do you belong?

Click here to enter text.

What other experiences that you have had in the health discipline?

Click here to enter text.

STUDENTS: From the list provided below, select the faculty members with whom you have COMPLETED class.

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Member** | **Approve** | **Disapprove** | **Comments by faculty:** |
| [ ] Bates |  |  |  |
| [ ] Cavanaugh |  |  |  |
| [ ] Cotner |  |  |  |
| [ ] DeRuiter-Willems |  |  |  |
| [ ] Dietz |  |  |  |
| [ ] Hillier |  |  |  |
| [ ] McCausland |  |  |  |
| [ ] Phillips |  |  |  |
| [ ] Rhoads |  |  |  |
| [ ] Sego |  |  |  |
| [ ] Simons |  |  |  |
| [ ] Sullivan |  |  |  |