FIELD EXPERIENCE APPLICATION

(Only **1** Application per Student)

Submit to the EPI Center in CARR 287

First Name _____ Last Name _____ Student ID# _____

ASU E-Mail _____ Phone _____

Check Courses Currently Enrolled In:

_____ ED 4321 Professor: _____ 3 Campus Choices: *_____
_____ ED 4322 Professor: _____ 3 Campus Choices: *_____
_____ RDG 4320 Professor: _____ 3 Campus Choices: *_____
_____ SPED 2361 Professor: _____ 3 Campus Choices: *_____
_____ ECH 4350 Professor: _____ Campus Assignment: _____
_____ SPED 3360 Professor: _____ Campus Assignment: _____
_____ SPED 3364 Professor: _____ Campus Assignment: _____
_____ SPED 3365 Professor: _____ Campus Assignment: _____

** If you wish to do your field experience outside of SAISD, contact the principal & have them e-mail the Field Experience Advisor, tia.agan@angelo.edu, granting you permission before the deadline.*

Certification Level: (Check One)

_____ EC-6 GEN
_____ EC-6 w Special Ed
_____ 4-8 GEN
_____ 4-8 Teaching Field _____
_____ 8-12 Teaching Field _____
_____ All Level Music (_____Choir _____Band_____ Orchestra)
_____ All Level Kinesiology (Minor _____)
_____ All Level Art
_____ All Level Modern Language (Language _____)

Check BLOCK 1 Courses Currently Enrolled In (if applicable):

_____ RDG 4602 Reading Campus Assignment: _____
_____ ED 4309 Math Campus Assignment: _____
_____ ED 4311 Social Studies Campus Assignment: _____
_____ ED 4314 Science Campus Assignment: _____
_____ SPED 4362-4363 SpEd Campus Assignment: _____

*** By signing here you are stating that you have already applied for a University/ College position with SAISD in order to receive criminal background clearance. If you are doing your field experience outside of SAISD sign & check N/A.*

_____ _____ ○ N/A

Student Signature *Date*