HunteryCollegeySchoolyofyEducationy●yDepartmentyofySpecialyEducation
Deaf and Hard-of-Hearing
Practicum Application

Deadlines for Application
November 1\textsuperscript{st} (Spring) – March 1\textsuperscript{st} (Summer/Fall)

Application must be submitted the semester before you want to be considered for practicum/student teaching.

Practicum application is for: Semester: ________________ Year: ________________

You must meet the following requirements in order to qualify for practicum:

- Have an overall GPA of at least 3.0
- Have no outstanding incompletes (INs)
- Completed at least 15 SPED credits, including the pre-student teaching field experiences that are part of SPED 700, 701, & 702
- Have taken or be registered concurrently for at least one methods course
- Be working as a teacher or teaching assistant in a classroom for students who are deaf/hard of hearing

Attach the following materials to this application:

- A copy of your medical insurance card
- A copy of your current transcript (official or unofficial)
- A copy of your LAST score
- A letter on official school letterhead and signed by an administrator stating your position, grade level, and teaching responsibilities.

Applicant information:

Name: ___________________________________________ Last Four Digits of SS#: ________________

Hunter College E-mail: __________________________________________________________________

Home Address: ___________________________________________ Street ___________________________________________ City ___________________ State ____________ Zip __________

Daytime Phone: ___________________________ Home/Other Phone: ___________________________

Current GPA: ___________________________ LAST Score: ___________________________

Attach a copy of your current transcript Attach a copy of your LAST score
School information:

School Name: ___________________________________________  School Phone: ____________________________

School Address: ____________________________________________________________

Principal/Contact Name: ______________________________________________________

Contact Phone/E-mail: _______________________________________________________

Please indicate the course for which you are applying:

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ SPED 737.60</td>
<td>Supervised Practicum: Preschool – Grade 2</td>
<td>2 credits</td>
</tr>
<tr>
<td>☐ SPED 737.61</td>
<td>Supervised Practicum: Grade 1 – Grade 6</td>
<td>2 credits</td>
</tr>
<tr>
<td>☐ SPED 737.62</td>
<td>Supervised Practicum: Grade 5 – Grade 9</td>
<td>2 credits</td>
</tr>
<tr>
<td>☐ SPED 737.63</td>
<td>Supervised Practicum: Grade 7 – Grade 12</td>
<td>2 credits</td>
</tr>
</tbody>
</table>

Applicant signature: ___________________________________________  Date: _________

Notes:

TO BE COMPLETED BY ADVISOR ONLY

Field Hours: _________  Methods Course: _________  LAST: _________  Medical: _________

Advisor Name: _______________  Advisor’s Signature: _______________  Date: _________

1/7/2009