

Southwest Minnesota State University

Additional Licensure or Graduate Practicum Experience Application

Complete one application for **EACH** practicum. A hold will be placed on your practicum registration until your practicum is approved. You must have completed the needed licensure courses before you can begin a practicum.

I. Personal Information

Name _____ License File No. _____

Your Address _____ Phone # _____

City, ST Zip _____ E-mail Address _____

Mustang ID _____

Have you been convicted of a crime other than a non-alcohol related traffic violation?

No _____

Yes _____

If “yes,” attach material indicating the crime of which you were convicted,

including the court in which you were convicted, dates and sentence imposed.

II. Requirements for practicum/Education Licensure

____ I am covered by liability insurance for all placements

____ Yes, name of insurer _____

____ No - If you are not currently covered by liability insurance you must join
EMAEL for liability coverage

NOTE: Most school districts have a background check process. Check with the school district PRIOR to your beginning date.

III. ED Practicum Experience Check one:

____ TESL 437 (undergraduate)

____ TESL 537 (graduate)

____ ED 451 Reading License (undergraduate)

____ ED 551 Reading License (graduate)

____ SPED 465 (undergraduate)

____ ED 468 (undergraduate) or ____ 568 (graduate)
(circle license area)

Elementary Early Childhood 5-8CommArts

5-8Math 5-8Science 5-8Social

K-12Art K-12Music K-12PE

K-12TESL 9-12Biology 9-12Chemistry

5-12AG 5-12 Social 5-12 Math

Semester/ year of practicum enrollment:

____ Fall ____ Spring ____ Summer Year: 20 _____

CAN be in the same site if all levels are available with a mentor teacher licensed in the correct field. INCLUDE a copy of each mentor teacher’s license, available at <http://w20.education.state.mn.us/LicenseLookup/educator>

Placement - PreK: (Early Childhood)

School Name and Address _____

Mentor Teacher Email _____

Mentor Teacher _____ License File No. _____

Building Administrator _____ Phone number _____

Building Administrator Signature _____

Placement - Elementary: (Early Childhood, Elementary, K-12 Art/TESL/Music/PE)

School Name and Address _____

Mentor Teacher Email _____

Mentor Teacher _____ License File No. _____

Building Administrator _____ Phone number _____

Building Administrator Signature _____

Middle Level: (K-12 Art/TESL/Music/PE, 5-8 Math/Science/CommArts/Social/WorldLanguage, 5-12 AG)

School Name and Address _____

Mentor Teacher Email _____

Mentor Teacher _____ License File No. _____

Building Administrator _____ Phone number _____

Building Administrator Signature _____

High School Level: (K-12 Art/TESL/Music/PE, 5-12 AG, 9-12 Chemistry/Biology)

School Name and Address _____

Mentor Teacher Email _____

Mentor Teacher _____ License File No. _____

Building Administrator _____ Phone number _____

Building Administrator Signature _____

Student Signature _____

Practicum Candidate

Date