

APPLICATION FOR PRACTICUM\*

Cleveland State University  
Counseling, Administration, Supervision, and Adult Learning Department

Number (office use only)

1. Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_ Phone w/area code: ( ) \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Present Position \_\_\_\_\_ Years in Position \_\_\_\_\_  
School \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Area(s) of current certification \_\_\_\_\_

**Certification Area:**

2. Please indicate your status by checking one of the following:

- \_\_\_\_\_ Secondary Principal program  
\_\_\_\_\_ Middle School Principal program  
\_\_\_\_\_ Elementary Principal program  
\_\_\_\_\_ Supervision program

Expected Date of Completion: \_\_\_\_\_

**Licensure Area:**

- \_\_\_\_\_ Principal (ages 3-14)  
\_\_\_\_\_ Principal (ages 8-21)

Expected Date of Completion: \_\_\_\_\_

3. Where do you plan to do your Practicum:

School System: \_\_\_\_\_  
School Building \_\_\_\_\_  
School Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Principal or Supervisor: \_\_\_\_\_  
Principal or Supervisor's Phone (w/area code): \_\_\_\_\_

4. Comments:

5. Signature of Student \_\_\_\_\_ Date \_\_\_\_\_  
Approval (Advisor) \_\_\_\_\_ Date \_\_\_\_\_

\* Licensure Practicum applicants complete both sides  
\* Certification Practicum applicants complete this side only

