



INSL 6372 Supervision Practicum Application



Important Information:

Before enrolling in INSL 6372, you must return this application by

November 1—Spring Practicum

July 1—Fall Practicum

- Please send a copy of your study plan in with the application if you have transferred or substituted courses.
- **The Practicum is offered ONLINE. No traditional sections are available.**
- Once your application is received you will be contacted through the email provided, and notified if there is any further information required. You will also be notified regarding for which course number/section number you should register.

Practicum Advisor

Dr. Fred Lunenburg

E-Mail: edu_fcl@shsu.edu

936-294-3859

Complete and return the application to:

Brittney Burditt, Practicum Assistant

SHSU Department of Educational Leadership

Fax: 936.294.3886

E-mail: bjb053@shsu.edu

If you have any questions concerning the practicum or the application you may call or email Brittney at 936.294.1147.



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Candidate's Information:			
Name:		SAM ID Number:	
Mailing Address:	City:	State:	Zip:
Home Phone Number: ()		Cell Phone Number: ()	
Email Address (primary):			
Semester in which you will enroll for practicum (See note above for summer):			

Course Requirements:			
EDAD 5332 Administration and Organization of Public Schools (M.ED. only)		INSL 6390 Evaluation for School Leaders OR (if before 2015, EDAD 6394)	
INSL 6360 Psychology of Learning		EDAD 5386 Special Populations and Special Programs	
INSL 6368 Instructional Leadership		INSL 5379 Methods of Research	
INSL 5378 Curriculum Planning			
*** Please indicate you have taken the courses above with a yes or no. If you have not completed the course, please put the anticipated date of completion. ***			



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Cooperating Site Administrator Practicum Agreement

As the Cooperating Site Administrator, I recommend the previously named individual for acceptance into the practicum at Sam Houston State University. I understand this program will require the candidate to perform assigned leadership duties during the regular work day. I will provide the assistance and opportunities necessary to fulfill the requirements of the practicum.

Institution:			
Address:	City:	State:	Zip:
Phone Number:	Fax Number:		
Practicum Cooperating Site Administrator:			Position:
Phone Number:	Email Address:		

Administrator's Name: _____

Signature: _____

*** If your cooperating site administrator changes, please resubmit this form with the proper signature and information. ***



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Practicum Agreement

I understand that I am participating in a practicum sponsored by the Educational Leadership Department at Sam Houston State University and _____(site name). I recognize that during the practicum, I am subject to the rules, regulations, and policies of the University as well as those of the cooperating institution where the practicum is taking place.

I understand that during the practicum, I will be representing the university and the department. Each candidate is expected to act in a manner consistent with the component's functions as an educational institution. Specific examples of misconduct for which candidates may be subject to termination include, but are not limited to, the following: commitment of an act that would constitute an offense under appropriate federal, state, or municipal law; becoming involved in ideological disputes; and failure to maintain the confidentiality of records and internal matters at all times.

I understand that failure to abide by the required guidelines of the practicum program will result in termination.

I have read this agreement. The nature, scope, and required guidelines of the practicum program have been explained to me, and I agree to abide by them.

Sam ID#:_____

Candidate's Name (print): _____

Signature:_____

Date: _____