

STUDENT FIELD EXPERIENCE & CLINICAL PRACTICE APPLICATION FORM

Office of Educator Preparation
185 Arps Hall, 1945 North High Street, Columbus, OH 43210

(614) 292-2581
(888) 678-3382

STUDENT INFORMATION

Mr./Ms.: _____
Last Name First Name Middle/Former Name

OSU Student ID Number: _____ Birth date: ____/____/____ Sex: __Male __Female

Address: _____

Home Phone: _____ Daytime/Cell Phone: _____ Email: _____
(Required field) (Required field)

ENROLLMENT INFORMATION

Current Enrollment Semester/Year ____/____ Expected Semester/Year of Graduation ____/____

School / Dept of Enrollment: _____ Plan: _____ Sub-Plan: _____

Program Manager: _____ Phone #: _____ Email: _____

Disability or special needs to be considered: _____

Do you have transportation? Yes or No (circle one) _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

Pursuant to the Family Rights and Privacy Act of 1974, I authorize the College of Education and Human Ecology to release all personal records pertaining to me for the purpose of securing my required field placements. I also authorize my resume to be shared with collaborating school districts for placement purposes only.

Signature _____ Date _____

**** Do NOT include social security number, GPA, or grades on personal resume**