



College of Education
Application for EDSP 404
Special Education Field Experience
Return Completed Application to COE 219/261

Name: _____
 ID Number: _____ E-Mail: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Semester requested: ___ Fall ___ Spring ___ Year

Elementary Major	Secondary Major

Prerequisites	Semester & Year	ETP Admins.' Initials Room COE 261/219
Admission to Educator Preparation Program.		Office Use Only
Criminal Background Report (fingerprints) cleared and current.	Exp. Date	Office Use Only
Two of these courses must have been completed prior to the field experience.	EDSP301 Semester taken:	EDSP302 Semester taken: EDSP 303 Semester taken:
Which semester are you planning to Student Teach?		
I plan to take my elementary or secondary junior field experience this same semester: ___ Yes ___ No		

Initial to indicate this important information has been read	Initial
SEMINARS ARE MANDATORY – Seminars will be held 5 times per semester. Specific dates will be announced at the introductory seminar at the beginning of the semester.	
Approximately six hours per week in the field are needed to meet the 65 hours . Hours will be determined in consultation with the mentor teacher.	
Space is limited to the first 15 applications and will be subject to first-come, first-serve and placement availability . Priority will be given to those students that will be student teaching the following semester AND have an application turned in by the end of the semester .	
Placements are made by the Field Experience Coordinators. Placements in Billings Public Schools cannot be guaranteed. You need to be open to other options in Yellowstone County.	
I have included a current transcript with this application.	
Students will not be registered for Field/Clinic experiences if their criminal background report expires before the completion of the experience or the end of the semester, whichever is later.	

I understand that if I receive a grade lower than a C in my major(s) or minor courses, I will not be able to participate in Field/Clinic Experience. I understand that I will be dropped from Field/Clinic Experience if any grades are below a C. I will not be eligible until I have retaken the class and received a grade of C or higher and I will plan accordingly.

Student's Signature (Required) **Date**

Education Advisor Signature (Required) **Date**

RETURN APPLICATION TO COE 219/261 at this point
 (This will be requested by ETP Administrative Associate.)

EDSP 404 Instructor's Signature **Date**
 Entered in Banner _____ / _____