



UNIVERSITY OF HOUSTON – VICTORIA
Administrative Education Department
PRACTICUM APPLICATION/AGREEMENT

AED 6303, 6304/6305, 6306/6307, 6308/6309 Semesters/Year for Practicum _____
(circle)

INSTRUCTIONS: Submit this application and an updated copy of your certification plan prior to the class registration deadline. The Practicum class will meet during the first week of the semester. (See WebCt for information)

Student Name:	Student #
Address:	
City, State, Zip:	
Phone numbers:	
Work:	Home: Cell:
Work E-mail:	Home E-mail:
Current Position:	
Name of School:	

Academic Advisor:			
Program Completion Date:			
Courses remaining not including practicum:			
Host Administrator:			
School Address:	City:	State:	Zip:
Host administrator phone numbers:			
Work:	Home:	Cell:	
Host administrator E-mail:			

I support the 90 hour Practicum experience for this UHV graduate student and will work with the Practicum Team to provide a quality experience as outlined in the UHV Practicum Handbook. It is understood that the Practicum student will take the primary initiative and responsibility for planning and performing the work of this experience.

Student Signature:	Date: ___/___/___
Host Administrator:	Date: ___/___/___
Superintendent:	Date: ___/___/___
UHV Supervisor:	Date: ___/___/___

Note: a new application must be submitted for AED 6305/6307/6309 only if placement location or application information has changed since the completion of AED 6304/6306/6309.