

**STUDENT FIELD EXPERIENCE
& CLINICAL PRACTICE APPLICATION FORM**

**The Ohio State University
College of Education and Human Ecology**

Office of Outreach and Engagement
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

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

ENROLLMENT INFORMATION

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

School / Dept of Enrollment: _____ Section: _____ Specialization Area: _____

Placement Coordinator: _____ Phone #: _____ Email: _____

Disability or special needs to be considered: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Relationship: _____

Address: _____

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.

Signature _____ Date _____

YOUR SIGNATURE IS REQUIRED

ATTACH A COPY OF YOUR RESUME THAT MAY BE HELPFUL TO YOUR COOPERATING TEACHER