

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

Preferred

Last Name: _____ First Name: _____ Name: _____

OSU Student ID #: _____ I identify my gender as: _____

Address: _____

Phone: _____ OSU Email: _____ Other Email: _____

ENROLLMENT INFORMATION

Program Start Semester/Year _____ / _____ Expected Semester/Year of Graduation _____ / _____

Program: _____ Area of Concentration: _____

Our P-12 partners require us to inform them of accommodations to assist students. In order to determine the best field placement for you, please indicate any additional documented accommodations or other factors you need. For example, a service animal, mobility impairment, sign language interpreter, etc.

Do you have transportation? Yes No

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____

Phone: _____ 2nd Phone: _____ Email: _____

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 any Social Security Number, GPA, or grades on personal resume.**