



Course Application for Practice-Based Experience

Note: TWU Professor must **complete** Sections I-III and V.
Incomplete applications **cannot** be processed.

Office Use Only	
Rec: _____	I/C _____
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Data: _____	Conf: _____
Email: _____	

Please print – do not type. Do not staple. Prefer black ink.

Semester _____

I. PROFESSOR

Name: _____ Email: _____

Dept: _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Course Number: _____ Number of students to be on-site: _____

Required to complete application:

- List of Student Names** that will be on-site (*list will accompany application to district*)
- Original **Criminal Background Forms** for each student (*email smasten@twu.edu in advance for forms; office SH 202C*)
- Professor's original **Criminal Background Form** (*for any professor that will be on-site*)
- TB Clearance** if required (*ONLY required by Carrollton-FB; and if immigrated required by Denton ISD*)
- Copy of **Student TWU ID** for those without social security identification (*PDC will obtain required Letter of Good Standing*)
- Professor acknowledges that he/she has verified the completion of all paperwork to the best of his/her ability

II. LOCATION DESIRED

District: _____ School: _____

School District Contact (*details discussed with*): _____ Date: _____
(Principal, Assistant Principal or Director)

III. PLACEMENT REQUEST

Grade Choice(s): Pre-K K 1 2 3 4 5 6 MS (6-8) HS (9-12)

Type of placement (*Reading, Adapted PE, Dance, etc.*): _____

Day(s) TWU class will be on-site: M T W TH F Time class will be on-site: _____ to _____

Date scheduled to start experience: _____ Total # hours on-site for semester: _____
(Total Hours)

IV. SCHOOL DISTRICT (Section IV to be completed by DISTRICT)

School Name: _____ Website: _____

Address: _____ City: _____

Placement/Teacher's Name: _____

Grade/Subject/Title: _____

Placement's Phone: (_____) _____ Email: _____

Criminal Background Check Approved: Yes No

District Representative (Signature): _____ Date: _____

V. TWU AUTHORIZATION/APPROVAL SIGNATURE

Professor: _____ Date: _____

VI. DISTRIBUTION

Submit original Application, List and Criminal Background Forms to: Sharon Masten, College of Professional Education, Texas Woman's University, P.O. Box 425769, Denton, Texas 76204-5769 or deliver to Stoddard Hall, Room 202C. Email questions/concerns to: smasten@mail.twu.edu

Distributed to: The Texas Woman's University Professional Development Office, ISD Central Office and School Assigned

Notification: Confirmed placements are recorded and emailed by this office to the professor. Allow 4-weeks from the receipt of completed paperwork.

In accordance with Leg. House Bill 1922, an individual is entitled to: request to be informed about the information collected about them; receive and review their information; and correct any incorrect information. Disclosure of your social security number is required in order to participate in practice-based experiences at Texas Woman's University. Your social security number will be used for the sole purpose of processing your criminal history. Any further disclosure of your social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).