



# Student Application for Practice-Based Experience

Note: TWU student must **complete** Sections I-III and V.  
Incomplete applications will **not** be processed.

<b>Office Use Only</b>	
Rec: _____	I/C _____
Letter: _____	
Data: _____	Conf: _____
Email: _____	

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

Semester \_\_\_\_\_

## I. STUDENT APPLICANT

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Classification (Jr., Sr., Graduate, etc.): \_\_\_\_\_ Email: \_\_\_\_\_

Area of Certification/Field: \_\_\_\_\_ Major:  Elementary  Secondary  All-Level  Other

Course Number: \_\_\_\_\_ Professor's Name: \_\_\_\_\_

(If taking two courses requiring hours, list both)

(List both professors if taking two courses)

### Required to complete application:

Yes  Not Required

**TB Clearance** (ONLY required by Carrollton-FB; and if immigrated required by Denton ISD)

Yes  No

Does your professor require proof of **Liability Insurance** (provide proof to professor)

Submitted with Application

Original **Criminal Background Form** (forms available Stoddard Hall, Room 202C)

## II. LOCATION DESIRED

1<sup>st</sup> Choice District: \_\_\_\_\_ School: \_\_\_\_\_

2<sup>nd</sup> Choice District: \_\_\_\_\_ School: \_\_\_\_\_

## III. PLACEMENT REQUEST

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

Type of placement (Gen, Deaf Ed, LSSP, etc.) (If secondary list two subjects): \_\_\_\_\_

Total number of hours assigned: \_\_\_\_\_ Probable Availability:  M<sup>am</sup><sub>pm</sub>  T<sup>am</sup><sub>pm</sub>  W<sup>am</sup><sub>pm</sub>  Th<sup>am</sup><sub>pm</sub>  F<sup>am</sup><sub>pm</sub>  
(Total Hours)

**IV. SCHOOL DISTRICT (Section IV to be completed by DISTRICT)** When TWU receives a confirmation of placement the student is instructed to use this information to contact their placement by phone or email prior to a visit to introduce themselves and set a schedule.

School Name: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Placement /Teacher's Name: \_\_\_\_\_

Placement's Grade, Subject or Title: \_\_\_\_\_

Placement's Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Criminal Background Check Approved:  Yes  No

District Representative (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

## V. TWU AUTHORIZATION/APPROVAL SIGNATURES

I will adhere to the policies and procedures of the assigned school district and Texas Woman's University, and I will exhibit professionalism in behavior and dress at all times while maintaining a positive attitude during my practice-based experience.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Professor: \_\_\_\_\_ Date: \_\_\_\_\_

## VI. DISTRIBUTION

Submit both original Application and Criminal Background Form 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](mailto: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 student and professor. Allow 4-6 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).