

**CHARTER OAK STATE COLLEGE
ONE-CREDIT AFTER SCHOOL EDUCATION
FIELD EXPERIENCE PRACTICUM APPLICATION**

Please read the "Student Guide to the ASE Field Experience Practicum" before completing this form

Name _____ Last 4 digits of Soc. Sec. # _____

Address _____
(Street) (City) (State) (Zip)

Daytime Phone _____ Evening _____
(Area Code) (Number) (Area Code) (Number)

E-mail _____

Your signature affirms your consent to share this application, your supervisor's comments, your paper and your Professional Resource File with a faculty consultant selected by Charter Oak State College. Your signature also indicates that your supervisor's comments may be kept confidential and not shared with you.

This application, the Supervisor Form and the Job Description Form **MUST** be filled out and returned to the faculty consultant prior to the beginning of the semester. You may expect a confirming telephone call from the faculty consultant after this form is returned by mail or fax to:

Susan Krampitz
E-mail: skrampitz@charteroak.edu
Fax 203-481-7160.

If you have any questions please send an e-mail to skrampitz@charteroak.edu.

We look forward to helping you earn your practicum credits!

Student Signature

Date