

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

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 during the first two weeks of the term. You may expect a confirmation from the faculty consultant after this form is returned by email.

Susan Krampitz
Email: skrampitz@charteroak.edu

If you have any questions please send an email to skrampitz@charteroak.edu.

We look forward to helping you earn your practicum credits!

Student Signature

Date