

**CHARTER OAK STATE COLLEGE  
THREE-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 Application for Field Placement and the Job Description attachment MUST be filled out and returned to the faculty consultant by Saturday of the second week of the semester. You may expect a confirmation from the faculty consultant after this form is returned by e-mail or fax to:

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

If you have any questions please send an e-mail to [skrampitz@charteroak.edu](mailto:skrampitz@charteroak.edu).

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**