

**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 first week of the semester. You may expect a confirmation from the faculty consultant after this form is returned by e-mail to:

Susan Krampitz
skrampitz@charteroak.edu

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

Student Signature

Date