

WINGATE UNIVERSITY

THAYER SCHOOL OF EDUCATION

Campus Box 3065, Wingate, NC 28174

FAX: 704-233-8273 education@wingate.edu

YOU MUST REGISTER FOR THIS COURSE

ED 595

GRADUATE EDUCATION PRACTICUM

DATE: _____	YEAR OF PRACTICUM: _____	Fall	Spring

WINGATE ID NUMBER: _____ SOCIAL SECURITY NUMBER _____ - -

NAME: _____
Last First Middle Maiden

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

LATERAL ENTRY ONLY: NAME OF SCHOOL: _____

GRADE: _____ MENTOR: _____

IF NOT CURRENTLY TEACHING, YOUR CHOICE OF GRADE LEVEL:

1ST CHOICE: _____ 2ND CHOICE: _____ 3RD CHOICE: _____

YOUR CHOICE OF SCHOOL:

1ST CHOICE: _____ CITY: _____

2ND CHOICE: _____ CITY: _____

3RD CHOICE: _____ CITY: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION

(Please do not write below this line)

CUMULATIVE GRADE POINT AVERAGE: _____

NUMBER OF HOURS COMPLETED: _____ ALL REQUIRED COURSES:

YES	NO

COURSES LACKING OR INCOMPLETE:

1 PLEASE LIST YOUR HOBBIES, SPECIAL INTERESTS AND SPECIAL TALENTS.

2 LIST WAYS IN WHICH YOU HAVE PREVIOUSLY WORKED WITH CHILDREN
OR YOUNG PEOPLE.

3 DEFINE/DISCUSS YOUR PHILOSOPHY OF EDUCATION AT THIS POINT IN YOUR
LIFE.

4 WRITE A SHORT ESSAY SHARING YOUR BACKGROUND IN TERMS OF FAMILY,
SCHOOLS ATTENDING, COMMENTS CONCERNING YOUR TIME AT WINGATE
UNIVERSITY AND THE EXPERIENCES AND DECISIONS THAT LED YOU TO TEACHING.

*** Please note: A letter must be submitted with this application if you need to request to work during the practicum experience.**