



Course Application for Practice-Based Experience

Note: TWU Professor must **complete** Sections I-V.

Incomplete applications **cannot** be processed.

Office Use Only

Rec: _____ I/C

Letter: _____

Data: _____ Conf: _____

Email: _____

Please print. Use black ink. Do not staple.

Semester _____

I. PROFESSOR

Name: _____ Email: _____

Dept: _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Course Number & Section: _____ Number of students to be on-site: _____

Professor is required to complete the following steps:

- ☐ Meets with principal of campus (obtains signed **DISD Campus Approval Form** if requesting Denton)
- ☐ Announces to class **TB Clearances** are required by Denton ISD if **not** born in the US and by Carrollton-FB
- ☐ Provides **List of Student Names and Emails** (list will accompany application to school district)
- ☐ Collects students **Criminal Background Requirements** (include copy of TB clearance if required)
- ☐ Includes his/her **Criminal Background Requirements** (any professor, GA or interpreter that will be on-site)
- ☐ Acknowledges that he/she has verified the completion of requirements to the best of his/her ability
- ☐ Submits complete packet to Sharon Masten, SH 202C (allow 3-4 weeks from completed paperwork to start date)

II. LOCATION DESIRED

District: _____ School: _____

School District Contact (details discussed with): _____ Date: _____
(Principal, Assistant Principal or Director)

III. PLACEMENT REQUEST

Grade Choice(s): ☐ Pre-K ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ MS (6-8) ☐ HS (9-12)

Type of placement or subject (Reading, Adapted PE, Dance, etc.): _____

Day(s) TWU class will be on-site: ☐ M ☐ T ☐ W ☐ TH ☐ F Time class will be on-site: _____ to _____

Date scheduled to start experience: _____ Total # hours on-site for semester: _____
(Total Hours)

IV. TWU AUTHORIZATION/APPROVAL SIGNATURE

Professor: _____ Date: _____

V. PROCESS: Course Application, original Criminal Background Forms, List of Students and any other required documentation must be submitted together to Sharon Masten, College of Professional Education, located in Stoddard Hall Room 202C. Placements will be recorded and approval emailed by this office to the professor (allow 3-4 weeks from receipt of **completed** paperwork to start date). Email questions to smasten@twu.edu.

VI. SCHOOL DISTRICT (To be completed by DISTRICT): Once TWU receives the placement approval from the district it is recorded into our database and the professor is notified.

School Name: _____ Website: _____

Address: _____ City: _____

Placement /Teacher's Name: _____

Placement's Grade, Subject or Title: _____

Placement's Phone: (_____) _____ Placement's Email: _____

Is this a Title 1 school? ☐ Yes ☐ No Accountability: ☐ Met Standards ☐ Met Alternative ☐ Improvement Required ☐ Not Rated

Criminal Background Check Approved: ☐ Yes ☐ No

District Representative (Signature): _____ Date: _____

Disclosure of your social security number may be required in order to participate in practice-based experiences at Texas Woman's University. Your social security number will be used for the sole purpose of processing your criminal history. Any further disclosure of your social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).