EDS 588 Application*

Professional Laboratory Experiences in Special Education

semester: Fall Spring Summer year: 2008 2009 2010 2011 2012

NAME:_____
First Last Alias/Maiden

SSN:_____ Cell Phone:_____

Home Address:_____

Home Phone:_____ NKU E-mail:_____@nku.edu

Which Program Enrolled In:_____
ex: LBD, Elem., MG, Sec., Alt Cert, IECE

If Employed in Special Education Already:

School:_____ School Phone:_____

If NOT Currently Employed in Special Education:

Placement Requested:_____

Principal:_____ School Phone:_____

Credit Hours Needed: 3 ***or*** 6 Waiver(s):_____

Your Signature below verifies you have read and understand the following information:
*You must return two copies (at least one is the signed original) to BP 268 for enrollment in 588.
*To enroll in EDS 588 you must apply by August 1 (for Fall) or December 1 (for Spring).
*You are responsible for your **NKU e-mail account, all information will be sent to that account.**
*You are responsible for all paperwork, assignments, catalog information, and any additional paperwork.

Signature:_____Date:_____

Advisor:_____ Extension:_____

Signature of advisor to Verify Completion

_____Date:_____

Revised 4/2008