

EDS 588 Application

Professional Laboratory Experience

Area: IECE LBD MSD

semester: Fall Spring Summer year: 2010 2011 2012

Last Name: _____ First Name: _____

Maiden or Nickname: _____ SSN: xxx-xx-_____

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

Other E-mail: _____

Student Program Status: _____

ex: Master's, Rank I, Alt Cert, IECE evaluation, non-degree, etc.

If employed in area (IECE, LBD, MSD)

School: _____ District: _____

Principal: _____ School Phone: _____

If NOT currently employed in area your requested placement: _____

Principal: _____ School Phone: _____

Your Signature below verifies you have read and understand the following information:

1. You must return a signed copy to BP 268 for enrollment in 588.
2. To enroll in EDS 588 you must apply by August 1 (fall) or December 1 (spring) or May 1 (summer)
3. Submission of application verifies permission for Education to enroll you in EDS 588 for the requested semester. You are responsible for all tuition, fees, and dropping the course if you choose not to take it.
4. You are responsible for your **NKU e-mail account, all information will be sent to that account.**
5. You are responsible for all paperwork, assignments, catalog information, and any additional paperwork.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Student needs ____ credit hours (advisor choose 3 or 6)

Date of Student Enrollment: _____ E-mail sent to: _____