

**PHILADELPHIA URBAN CENTER PRACTICUM
-- SUMMER, 2005 --**

Name: _____

Student Number: _____

e-mail address: _____

Local Address: _____

Local Phone: _____

Home Address: _____

Home Phone: _____

Contact Person:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Will you need transportation from Bloomsburg University to Philadelphia? Y/N __

Identify anyone from our Practicum with whom you wish to share a dorm room:

-- PLACEMENTS --

Early Childhood/Elementary Education:

Grade Level that you are requesting for the Practicum: _____

Secondary Education:

Subject and Grade that you are requesting for the Practicum: _____

Special Education/Dual (Special Ed/El Ed) :

Requests for placement for the Practicum: _____

PAPERWORK:

Up-to-date:

Act 34 _____ **Act 151** _____ **TB** _____

Activity Fee Received:

Date:

Check/Money Order information:

Signature of Doby or Sharkey:

Student's Signature: