

**APPLICATION FOR ADMISSION TO THE SOUTHERN COLUMBIA PRACTICUM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ GPA: \_\_\_\_\_ SS#: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

LOCAL TELEPHONE NUMBER: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YEAR IN SCHOOL (CHECK ONE):       FRESHMAN       SOPHOMORE  
    JUNIOR             SENIOR  
    GRADUATE STUDENT

TOTAL EARNED CREDITS, INCLUDING SPRING, 2005 SEMESTER: \_\_\_\_\_

GRADE LEVEL REQUESTED:       K-3                     4-6  
    5-8

PLEASE RETURN THIS FORM TO:

DR. GARY J. DOBY  
MHS 2127  
389-4277  
gdoby@bloomu.edu