



**REQUEST FOR ENROLLMENT IN
SCHOOL LIBRARY MEDIA PRACTICUM
LSC 695B**

Name of Student: _____ Date: _____

Student ID#: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Term requesting enrollment (e.g., Sum 2015 or Fall 2016) _____

Proposed Practicum Supervisor (K-6): _____

School: _____ Grades: _____

Mailing Address: _____

Work Phone: _____ E-Mail: _____

Proposed Practicum Supervisor (7-12): _____

School: _____ Grades: _____

Mailing Address: _____

Work Phone: _____ E-Mail: _____

Courses completed or in progress: