

# Application for Practicum

## *Division of Arts & Science*

Name: \_\_\_\_\_

Programme: \_\_\_\_\_

BC Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Day) \_\_\_\_\_ Evening

\_\_\_\_\_ (Cellular)

Email Address: \_\_\_\_\_

Semester and year applied: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Have you completed the pre-requisites for EDU 2265\*?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Please specify area of interest:

Preschool \_\_\_\_\_ Primary \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Advisor: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *Application Deadlines*

Fall – Last day of classes before the second semester break

Spring – Last day of class before the first semester break

*\*Refer to Bermuda College catalogue for pre-requisite information.*

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## FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Placement Location: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

Semester Placed: \_\_\_\_\_