

Clinical Practice Application

THIS FORM DOES NOT SUBSTITUTE FOR THE REGISTRATION PROCESS

Youngstown State University
Department of Educational Administration

The following information must be provided by all candidates desiring to complete a Clinical Placement through the Educational Administration Program at Youngstown State University. This application should be submitted well in advance of the beginning of the term to permit advance planning and communication.

Administrative Candidate			
(Candidate's Name)	(Term)	(Year)	(Current Position)
(School)	(District)		
(Work Address)	(City)		(State) (Zip Code)
(Work Phone #)	(Home Phone #)	(Fax #)	(E-mail)
This Clinical Experience: (Check one)	<input type="checkbox"/> Masters 6975 <input type="checkbox"/> Specialist 7040 <input type="checkbox"/> Superintendent 7050	<input type="checkbox"/> Principalship 7022E Elementary <input type="checkbox"/> Principalship 7022M Middle <input type="checkbox"/> Principalship 7022S Secondary	

Administrative Candidate's Prior Clinical Experiences			
Masters 6975 _____	(School Site)	(Year/Term)	(Faculty Supervisor)
Principalship 7022E Elementary _____	(School Site)	(Year/Term)	(Faculty Supervisor)
Principalship 7022M Middle _____	(School Site)	(Year/Term)	(Faculty Supervisor)
Principalship 7022S Secondary _____	(School Site)	(Year/Term)	(Faculty Supervisor)
Superintendent 7050 _____	(School System Site)	(Year/Term)	(Faculty Supervisor)

Proposed Cooperating Administrator			
(Name)	(Position)		
(School)	(District)		
(Work Address if different from your Work Address above)	(City)	(State)	(Zip Code)
(Work Phone #)	(Fax #)	(E-mail)	
(Years Administrative Experience)	(State Certifications or Licenses)		

RETURN COMPLETED FORM TO THE DEPARTMENT OF EDUCATIONAL FOUNDATIONS, RESEARCH, TECHNOLOGY AND LEADERSHIP, YOUNGSTOWN STATE UNIVERSITY, ONE UNIVERSITY PLAZA, YOUNGSTOWN, OH 44555
OR FAX TO 330 941-3034.