



GRADUATE TEACHER EDUCATION

ED 615 /Add-On GIFTED EDUCATION Practicum Request Form

45 HOUR PRACTICUM

NAME: _____

Email Address _____

Phone _____

1. Semester and year you plan on completing practicum:

Spring ___ Summer ___ Fall ___

2. If employed by a school system, will you use your place of employment to complete this 45 hour practicum placement?

Yes ___ No ___

3. Name of school system, school, and/or teacher requested or employed:

**Return form to: Susan Britton, Assistant Director
GTE/ Mary Baldwin College
P.O. Box 1500
Staunton, VA 24402**