

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

Application for Early Clinical Experience (Observation)

Instructions: Please type requested information within each cell. Once you complete the application, print the application and provide it to the Office of Field Experiences (Valley 3108).

First Name: Last Name: 855#

Certification Endorsements Academic Major

WP E-mail Home Phone Cell Phone

Address (Street, City, State)

Address During Clinical Experience (Street, City, State)

Current GPA Total Credits Earned High School Attended

Do you have an affiliation with any school district? (Have you or do you substitute or work for a district? Do you have children attending a school? Do you have relatives employed in a school district?) If yes, please list districts and affiliations.

Semester Requested (Fall or Spring and Year)

For what Clinical Experience are you applying? (Select one course number.)

CIED 2030 or SPC 2550 Instructor:

CIED 2070 Special Education/Inclusive Observation

CMAT 5100 General Education Observation

CMAT 5070 Special Education Observation

SMAT 5000 General Education Observation

SMAT 5100 Special Education Observation

Document Required Prior to Clinical Work

Criminal History Background
Report Using WP Codes.
*Please attach a copy of your
Criminal History Background Check
to this application.*