

WINGATE UNIVERSITY

**THAYER SCHOOL
of EDUCATION**

Campus Box 3065, Wingate, NC 28174

FAX: 704-233-8273 education@wingate.edu

Applications due on February 15 and October 1 for the following semester.

YOU MUST REGISTER FOR THIS COURSE

ED 595

GRADUATE EDUCATION PRACTICUM

DATE: _____	YEAR OF PRACTICUM: _____	Fall	Spring

WINGATE ID NUMBER: _____ SOCIAL SECURITY NUMBER _____ - -

NAME: _____
Last First Middle Maiden

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

LATERAL ENTRY ONLY: NAME OF SCHOOL: _____

GRADE: _____ MENTOR: _____

IF NOT CURRENTLY TEACHING, YOUR CHOICE OF GRADE LEVEL:

1ST CHOICE: _____ 2ND CHOICE: _____ 3RD CHOICE: _____

PRAXIS INFORMATION: () DATE TAKEN _____ : () NOT TAKEN
DATE SCHEDULED TO TAKE: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION

1 PLEASE LIST YOUR HOBBIES, SPECIAL INTERESTS, AND SPECIAL TALENTS.

2 LIST WAYS IN WHICH YOU HAVE PREVIOUSLY WORKED WITH CHILDREN
OR YOUNG PEOPLE.

3 DEFINE/DISCUSS YOUR PHILOSOPHY OF EDUCATION AT THIS POINT IN YOUR
LIFE.

4 WRITE A SHORT ESSAY SHARING YOUR BACKGROUND IN TERMS OF FAMILY,
SCHOOLS ATTENDED, COMMENTS CONCERNING YOUR TIME AT WINGATE
UNIVERSITY, AND THE EXPERIENCES AND DECISIONS THAT LED YOU TO TEACHING.

*** Please note: A letter must be submitted with this application if you need to request to work during the practicum experience.**