



**Boston College Lynch School of Education
Office of Practicum Experiences & Teacher Induction**

Fall 20 and Spring 20

Today's Date: _____

GRADUATE PROGRAMS IN EDUCATIONAL ADMINISTRATION
****Application for Year Long Pre-prac & Practicum for Initial License****

Name: _____ Eagle # _____
(First 8 digits)

Local Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____

Degree Program: _____

Expected Graduation: May 20 _____ August 20 _____ Dec 20 _____

I am preparing for a certificate(s) in the fields(s) of: _____

I am registering for the following field experience(s) (please circle)

ED620 Practicum in Supervision	ED622 Practicum in Principalship
ED623 Practicum in Superintendency	ED652 Practicum in Special Ed Admin.

I will require assistance in selecting a school to complete my practicum: (please circle) **YES NO**

If no, please complete:

I intend to complete my practicum(s) at: _____
(Name of school and system)

School Address: _____
(Street) (City) (State) (Zip)

Administrator's Full Name (please print): _____

Must be signed by your Advisor and Program Coordinator
Before submitting to the Practicum Office

*This applicant has completed all courses necessary before undertaking a practicum in
Educational Administration*

Approved by Program Advisor: _____

Approved by Program Coordinator: _____