



COLLEGE OF EDUCATION,
HEALTH, AND HUMAN SCIENCES

**Advanced Practicum Application
Special Education & Communication Disorders**

Name _____ NU ID # _____

Address _____
Street City State Zip Code

Home Phone _____ Work Phone _____

UNO Email _____@unomaha.edu

Concentration:

Behavior Intervention Specialist (SPED 8840)

Advisor _____

Semester to complete advanced practicum _____

Have you completed all required courses? Yes No

If not, which classes do you have left to complete: _____

Practicum Site School District _____ School _____

Teaching Position _____

Grade Level of Students PK-6 **OR** 7-12

Candidate's Signature (Please Type Name) _____ Date _____

Return to your advisor:

UNO
Special Education and Communication Disorders
University of Nebraska at Omaha
6005 Dodge Street
Omaha, NE 68182-0054
Fax: (402) 554-3572

Advisor approval to register for the advanced practicum: _____
Signature