



UNIVERSITY OF NEBRASKA AT OMAHA
COLLEGE OF EDUCATION,
HEALTH, AND HUMAN SCIENCES

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

Name _____ NUID _____

Address _____
Street City State Zip Code

Home Phone _____ Work Phone _____

UNO Email _____@unomaha.edu

Concentration: Behavioral Intervention Specialist (SPED 8840)

Advisor _____

Semester to complete advance practicum _____

Have you completed all required courses? yes No

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

Practicum Site School District _____ School _____

Teach Position _____

Candidate's Printed Name _____ Date _____

Advisor approval to register for the advanced practicum _____