

Eastern Illinois University Department of Educational Leadership
Practicum Application / Agreement Form (EDL 5891/5892/5893)

(Please print or type clearly / Updated FA25)

Before applying for **EDL 5891**, students are responsible for completing the requirements for entry into Practicum coursework. Which includes successful admission into the **Principal Endorsement Program (PEP)** and completion of **EDL 5630 (The Principalship)** course.

Date _____ Semester/Year taking **EDL 5891** (i.e. FA25) _____
☐ I'm an **On-Campus** Student ☐ I'm a **Member** of _____ **Cohort**

PRACTICUM STUDENT PERSONAL INFORMATION

EIU Practicum Student's Name _____ E# _____
School _____ Position _____
School Address _____
(Street) (City) (State) (Zip)
School Phone _____ Student's School E-mail _____
Home Address _____
(Street) (City) (State) (Zip)
Home Phone _____ Cell Phone _____
EIU E-mail Address (REQUIRED) _____
Special Considerations (anything to add for our planning) _____

PRACTICUM SITE INFORMATION

Name of Host Administrator/Principal (Dr., Mr., Ms.) _____ Title _____
Years of Administrative Experience _____ E-mail _____
School Name _____ Phone _____
School Address _____
(Street) (City) (State) (Zip)

EIU Practicum Student -- Statement of Confidentiality and Agreement to Practicum Requirements: *I understand that during the events associated with Practicum experiences, I may be privy to confidential information. I understand that such information may not be shared and further communicated without permission. Any breach of laws and regulations concerning issues of confidentiality may result in my receiving a failing grade in the Practicum experience. Additionally, I will review all requirements as outlined in the Practicum Handbook.*

X EIU Practicum Student's Signature _____ Date _____

Host Administrator/Principal -- Statement of Agreement: *I am familiar with the above listed EIU Practicum student and their current assignment. I certify that I will provide them with the opportunities and assistance necessary to fulfill all Practicum requirements.*

X Signature of Host Administrator/Principal _____ Date _____

Superintendent (or Designee) – Authorization Statement: *I hereby confirm that the host administrator/principal (above) has exhibited at least two full years as a successful building administrator within my district.*

X District Superintendent (or Designee) Signature _____ Date _____