



Education Department 1650 Bedford Avenue, B1007 Brooklyn, New York 11218

We prepare change agents for classrooms, schools and communities who educate to liberate.

APPLICATION FOR ADMISSION TO CLINICAL PRACTICE I

Please Type or Print Legibly	Date of Application:	
CUNY Emp ID ***-**		
Name:		
Address:		
City/ State/ Zip Code:		
Telephone#: (Day)	(Evening)	
Email Address:		

The following are the Clinical Practice field requirements for each Bachelor of Arts Program:

PROGRAM	Fall Semester (14 weeks) (Minimum of 150 hours)	Spring Semester (14 weeks) (Minimum of 150 hours)
Early Childhood Special Education (ECSE)	Pre-K (3days/ 7weeks) & Kindergarten (3 days/ 7weeks)	Grade 1 or 2 (14 weeks) Special Education Setting or Inclusive Setting
Childhood Special Education (CSE)	Grade 4, 5, or 6 Special Education Setting or Inclusive Setting	Grade 1, 2, or 3 Special Education Setting or Inclusive Setting
Childhood Education (CE)	Grade 4, 5, or 6	Grade 1, 2 or 3

Effective Spring 2016

ACADEMIC PROFILE

[] Ea	ogram (check one): rly Childhood Special Education [] Childhood Education ildhood Special Education	
[] En	Il Arts Concentration Area (check one): glish [] Mathematics [] Science [ychology (ECSE Candidates Only)]Social Science
1.	Indicate the total number of credits completed to date (do no credits):	t include current semester's
2.	Indicate the number of credits completed to date in your Con	centration area:
3.	You are required to take the following course sequence as course chart below. If you plan to take additional courses, add the credits to the chart.	
Cours	e Title	# Credits
EDUC	457 Research Seminar [CE & CSE Candidates]	2 Credits
	302 Curriculum & Instruction in Early Childhood Education Candidates]	2 Credits
	481 Clinical Practice Seminar	1 Credit
	491 Clinical Practice	4 Credits
	499: NYSTCE Workshop: ATSW	0 Credits
	507 Curriculum Research & Design: All Programs	0 Credits
4.	Indicate your anticipated date of graduation:	
	June	
	August	
	January	

Effective Spring 2016

PROFESSIONAL EXPERIENCE

1. Are you currently employed? [] Yes [] No	
2. Employment Information	
Current Employer:	
Position:	
Name of Supervisor:Telephone:	
Address:	
City/ State/Zip Code:	
3. If you are employed at a school, indicate the type of setting [check all that apply]. [] Early Childhood (Birth – 2 nd grade) [] Childhood (1-6 grade) [] Special Education and/or Inclusive Setting [] Other: (Please describe)	
4. Are there any circumstances or potential issues that may affect your ability to complete the clinical placement requirements for the BA program you checked on page 2? [] Yes [] No	:
ADDITIONAL APPLICATION REQUIREMENTS	
1. The following documents must be submitted with this application: [] A copy of your NYSTCE Score Reports: (ALST; CST- Multi Subject; CST SWD) [] Current ePortfolio [] Explanation of special circumstances [] Program Mentor Endorsement	
I attest that I am a matriculated student at Medgar Evers College. I have carefully reviewed ar completed all of the items in this application for admission to Clinical Practice. The informatior that I have provided is true and accurate.	าd า
Applicant Signature: Date:	
Endorsement: Program Mentor: Date:	

Effective Spring 2016

FOR EDUCATION DEPARMENT USE ONLY

Admission Criteria (Transition Point 2)

Admission Criteri	,	,		Comments	Met/ Unmet
Completed at least 90 credits					
Complete minimum 21 credits in concentration courses					
NYSTCE CST- Multi Subject					
Special Education Only NYSTCE CST- Students with Disabilities					
Pass EDUC 350;					
Grade of B or bet					
EDUC 102	EDUC 152	EDUC 231	EDUC 350		
Cumulative GPA	≥ 3.0				
6 Credits in Scien	ice (2.7 Mini				
BIO 101 PHS 101					
12 Credits in ENGL (3.0) Minimum GPA					
ENGL 112 ENGL 150 ENGL 209 ENGL 212					
100 Hours Early Field Experience					
EDUC EDUC 501		OUC EDUC 8/9 505	506 EDUC		
Grade of B or better in all Required EDUC Courses					
C(S)E All Programs ECSE					
EDUC 203 (CSE only) EDUC 340 EDUC 352 ; EDUC 253 ; EDUC 301 .					
Completed Methods courses					
EDUC EDUC 311 312	EDUC 315	EDUC 314/317	EDUC 381		
Professional Portfolio					

Decision:	[] Acceptance	[] Denial	[] Conditional (Needs Waiver)
Evolenation			

Note: Exception to any of these requirements must be approved by the Education Department Chairperson

Effective Spring 2016 4