EXE 500, 501, 502, 503

Candidacy Forms

## EXCEPTIONAL EDUCATION DEPARTMENT <u>EXE504 APPLICATION</u> (GRADUATE PRACTICUM IN SPECIAL EDUCATION)

This application is **due February 15** for <u>*Fall*</u> placements, and **September 15** for <u>*Spring*</u> placements. Please print CLEARLY. Please review the EXE 504 Questions and Answers sheet.

<b>Application for:</b>	Fall	Spring	Summ	er	20	
BSC E-mail				Banner ID:		
Name						
Local Address					zip code	
Local Phone #						
Permanent Address						
During the completion of EXE 504, you will be receiving mail at: (Please indicate one)						
Local Address Permanent Address						
Student Program Information						
Please circle your pr	rogram:					
Early	Childhood	Childh	ood	Adolesce	nce	
Do you have a signed, approved candidacy application on file:				Yes	No	
Is your Candidacy current? (i.e., coursework is not expired)				Yes	No	
Your Advisor is						
	0, EXE 501, E ndidacy and/o	XE 502 or EXE 36	52, EXE 503. J	Any student w	g coursework: ho has not completed oursework will not be	

## **Geographic Preference for EXE 504:**

While every effort is made to satisfy your geographic preference, keep in mind that placements are made in districts within a 20 mile radius of Buffalo State College.

Please indicate your geographic preference below. There is no guarantee that any of your preferences will be granted. (Use "1" for  $1^{st}$  preference, "2" for  $2^{nd}$  preference, etc.)

- No Preference
- City of Buffalo
- North (i.e., Lockport, Kenmore, Niagara Falls, Amherst, Grand Island, etc.
- South (i.e., Hamburg, Eden, East Aurora, Lackawanna, Orchard Park, etc.)\_\_\_\_\_
- East (i.e., Clarence, Cheektowaga, Depew, Lancaster, Alden, etc.)

Please list all districts where you are/have been employed:

Please list all districts where you have relatives employed and/or attending, and their relation to you:

This is my first application for EXE 504: Yes No

If No, please explain on a separate sheet.

Failure to provide an accurate disclosure of the above information will result in immediate removal from EXE 504. In addition, the program coordinator is unable to accommodate any student's personal time management issues (i.e., outside employment, family responsibility, etc.).

I verify that all information recorded on this application is complete and accurate.

Student Signature

Date

## PLEASE ATTACH A COPY OF YOUR TUBERCULOSIS TEST WITHIN THE PAST 12 MONTHS.