

**SPECIAL EDUCATION GRADUATE PRACTICUM  
PERMIT TO ENROLL: APPLICATION for SPED 7041 7042 or 7141**

Form deadline: Summer: May 1, Fall: August 15, Spring: December 1

Name\_\_\_\_\_SSN\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_Email\_\_\_\_\_

GPA\_\_\_\_\_Semester admitted to TEP\_\_\_\_\_

Semester expected to complete student teaching: \_\_\_\_\_

Licensure Area:

Modified (7041)\_\_\_\_\_ Comprehensive (7042)\_\_\_\_\_ Early Childhood (7121)\_\_\_\_\_

Are you currently employed as a teacher? Yes\_\_\_\_\_ No\_\_\_\_\_

Please note: Currently employed teachers are eligible only for **SUMMER** enrollment in these courses.

Grade preference: Pre-K – 4\_\_\_\_\_ K – 6\_\_\_\_\_ 7 -12\_\_\_\_\_

**All of the information above is correct to the best of my knowledge. I understand that it is my responsibility to contact Dr. Sandra Cooley Nichols by email at [smcooley@memphis.edu](mailto:smcooley@memphis.edu) for the clinical placement(s) BEFORE the first week of classes. Since part of the class is online (WebCT: <http://webct.memphis.edu/>) I will already have my User ID and password available for use.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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Do not write below this line

Enrollment approved\_\_\_\_\_

Request declined\_\_\_\_\_

Reason for request is declined\_\_\_\_\_

Placement(s) and Hours \_\_\_\_\_

**Please return this form to Dr. Sandra Cooley-Nichols, Ball Hall 413  
FAX: (901) 678-3881**