

Library Media Practicum – Work in Own District for LIBMEDIA 793C

Complete the following items in the order given.

A. Name of Applicant _____ ID No. _____
Address _____
City, state, zip _____
Email address _____
Day time phone _____ Home phone _____ Cell phone _____

B. I have completed the following courses toward the library media license:

Digital Tools	_____	Children’s Literature	_____
Finding and Using Information	_____	Young Adult Literature	_____
Organizing Information	_____	Library Administration	_____
Information Literacy	_____		

C. I will do projects for my practicum at the following school(s) during the _____ semester(s) in addition to a full week each in two other schools. As the combined practicum covers K-12, there may be work in more than one school. Include information and signatures for each school IN YOUR DISTRICT where you will do projects. Do the regular forms for the other two schools where you will work.

Starting date of practicum work on the job _____

Name of school _____
Address of school _____
City, state, zip _____
School phone number _____
Principal or administrator _____
Email address _____

I give my approval to have the practicum student complete hours to complete the library practicum in my school:

Principal's signature _____ Date _____

Name of school _____
Address of school _____
City, state, zip _____
School phone number _____
Principal or administrator _____
Email address _____

I give my approval to have the practicum student complete hours to complete the library practicum in my school:

Principal's signature _____ Date _____

D. Verification by university supervisor

Name _____
Title _____
Date _____

Submit completed application to Office of Field Experiences, 2038 Winther Hall, University of Wisconsin-Whitewater, Whitewater, WI 53190.