

## ADDITIONAL LICENSURE PROGRAMS ADVANCED PRACTICUM REGISTRATION FORM

Please Print:				
Name (last, first, middle):Hamline Email:				Hamline ID:
				Phone:
Admission		s Additional Licen	790) registration. Online registration is not a sure program is required in order to register eting this form.	
• by ma	to 651-523-2489		tion MS-A1720, 1536 Hewitt Ave, St. Paul MN	√ 55104-1248
	I □ Spring □ Sum I-term registration mus			ns of your practicum registration, if applicable
Subject Code (Check one)	Course Number	Credit Value	Instructor	
□ESL □GED □SPED	7790 7790 7107		Dana Coleman/Alyssa Vaj	
Area of Addition	nal Licensure:			
Student signatu	re (required):		Dat	e:
Advisor signatui	re (required):		Dat	re: