ADDITIONAL LICENSURE PROGRAMS
ADVANCED PRACTICUM REGISTRATION FORM

Please Print:

Name (last, first, middle): ________________________________  Hamline ID: ________________________________

Hamline Email: ________________________________________  Phone: ________________________________

➢ Use this form for Advanced Practicum (GED/ESL 7790) registration. Online registration is not available for this course.
➢ Admission to Hamline University’s Additional Licensure program is required in order to register for the Advanced Practicum.
➢ Consult your program advisor for assistance completing this form.

Return completed form
• by fax to 651-523-2489
• by mail to Hamline University, School of Education MS-A1720, 1536 Hewitt Ave, St. Paul MN 55104-1248
• in person to School of Education, Drew Hall 66

Please register me for:

Term:  ☐ Fall  ☐ Spring  ☐ Summer Year: ________________________________

Note: Extended-term registration must be approved by your advisor. Check the boxes for both terms of your practicum registration, if applicable.

Subject Code (Check one) | Course Number | Credit Value | Instructor
--- | --- | --- | ---
☐ ESL | 7790 | | Dana Coleman/Alyssa Vaj
☐ GED | 7790 | | Dana Coleman/Alyssa Vaj
☐ SPED | 7107 | | Dana Coleman/Alyssa Vaj

Area of Additional Licensure: ____________________________________________________________

Student signature (required): ___________________________________________ Date:_____________________________

Advisor signature (required): ___________________________________________ Date:_____________________________