CRWR 485  PRACTICUM APPLICATION

Semester ______  Year ______

Name________________________________    T Number _____________________
E-mail ___________________________ Year of Graduation ___________________

1. Which practicum/a are you applying for? If more than one, please specify order of preference. (Please use a separate application form for each practicum.)

_____TA for 110, 118, 120 (give number of course)

_____Other (please describe)

2. Why do you want to pursue this practicum?

3. What background, experience, and/or interest do you have that would make you a good candidate for this practicum?

Use the reverse if necessary.

Please return to Creative Writing Office at 153 W. Lorain St. (yellow house)

We must receive your application by NOON the last day of semester classes

Do not submit by e-mail or fax.