

Lewis & Clark College
Graduate School of Education and Counseling
Educational Leadership Program

STUDENT INFORMATION
Administrative Practicum
EDAD 504A/B & 614 A/B

PERSONAL

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (Cell) _____ (W) _____

Email _____ Fax _____

PROFESSIONAL

School Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Extension _____

Email _____ Fax _____

Site 1 Supervisor _____

Site 1 School Name _____

Site 1 Supervisor Phone _____

Site 1 Supervisor E-Mail _____

Site 2 Supervisor _____

Site 2 School Name _____

Site 2 Supervisor Phone _____

Site 2 Supervisor E-Mail _____