

RHODES COLLEGE  
Educational Studies Program

Request for *Clinical Field Experience* (EDUC 360) Form

Name \_\_\_\_\_ Rhodes ID \_\_\_\_\_

Email \_\_\_\_\_ Mobile phone \_\_\_\_\_

Major \_\_\_\_\_ Track \_\_\_\_\_ Graduation Year \_\_\_\_\_

Semester of clinical field experience request \_\_\_\_\_ EDUC 360 credits \_\_\_\_\_

Do you have a car or another means of transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

---

---

Select one grade level and one concentration within the grade level:

**Elementary (K - 5)** \_\_\_\_\_  
Reading and Language Arts \_\_\_\_\_  
Math and Science \_\_\_\_\_  
Special Education \_\_\_\_\_  
Music, Art, and  
Health and Physical Education \_\_\_\_\_

**Secondary (6 - 12)** \_\_\_\_\_

Middle (6 - 8) \_\_\_\_\_ Content area \_\_\_\_\_

High School (9 - 12) \_\_\_\_\_ Content area \_\_\_\_\_

Special Education/Instructional Resource (6 - 8) \_\_\_\_\_

Special Education/Instructional Resource (9 - 12) \_\_\_\_\_

---

---

List your questions or concerns in this space: