

**Childhood/Early Childhood Education  
Block I Application Form for Fall 2012**

Please complete this form and contact your advisor for further direction. Application deadline is **Friday March 9<sup>th</sup> at 4 pm.**  
**NOTE: Some advisors may require a meeting. Do not wait until March 9<sup>th</sup> to contact your advisor as this is the application deadline.**

Name: \_\_\_\_\_ Student ID Number P00xxx \_\_\_\_\_  
(This can be found on Bearpaws.)  
 Local Phone Number: \_\_\_\_\_ What town will you be living in during Block I? \_\_\_\_\_  
 SUNY Potsdam e-mail address: \_\_\_\_\_ Present overall GPA: \_\_\_\_\_  
(Advisor, please verify.)

**EDUCATION ADVISOR'S NAME:** \_\_\_\_\_

**\*\*NOTE: Block I may contain an evening course, EDLS 306, Early Childhood Literacy I**

- Have you taken EDLS 201- Principles of Education? \_\_\_\_\_ Grade \_\_\_\_\_ Are you presently enrolled in EDLS 207- Literacy I? \_\_\_\_\_ or  
 If you've completed EDLS 207, what grade did you receive? \_\_\_\_\_
- Do you have any personal connections with any teachers, faculty, staff or administrators, or did you attend or graduate from any of the following schools?

	Yes	No		Yes	No
Canton Central School	_____	_____	Heuvelton Central School	_____	_____
Lisbon Central School	_____	_____	Ogdensburg City Schools	_____	_____
Hermon Dekalb	_____	_____	Potsdam Central School	_____	_____

If you answered, "Yes" to any of the above, please explain.

\_\_\_\_\_

- Please indicate anything we should know that may impact your practicum placement.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Important:**

Eligible students will be registered into Block I for the Fall 2012 semester by April 13<sup>th</sup>, 2011. Check Bear Paws for confirmation of this.

If you are unsure that your overall GPA will be at least a 2.5 or you are presently enrolled in either EDLS 207 or EDLS 201 and suspect you may not earn a 2.0 or better; please be sure to meet with your advisor to register for other course work for the Fall 2012 semester. Doing so will assure you a schedule for the Fall semester .

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Block I Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Your signature indicates that all information entered on this form is accurate and correct.)

**\*\*Students who do not meet the Childhood/Early Childhood gate requirements will be dropped from Block I.**