

**DIXIE STATE UNIVERSITY**  
**DEPARTMENT OF EDUCATION**  
**STUDENT APPLICATION FOR ELED**  
**STUDENT ENHANCED EXPERIENCE (SEE) PROGRAM**

SP2021

Student Name: \_\_\_\_\_ Program GPA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Practicum and Previous classroom experience (substitute teaching, school aide, etc.) and amount of each experience:

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In one or two sentences, tell why you would like to participate in the SEE Program:

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**Please attach the following documents to this form:**

A copy of your resumé

**Recommendations from:**

**Current Practicum Supervisor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Additional Faculty Member:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

I agree that if I am selected to participate in the DSU SEE program I will fulfill all Washington County School District SEE contracted responsibilities, and will conduct myself in a collegial and professional manner. I will work in accordance with all applicable DSU, assigned school and district policies.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DSU Elementary Placement Director

\_\_\_\_\_  
Date