



Questions?
Phone: 616-632-2800
Email: schoolofed@aquinas.edu

Return completed form to:
Registrar & Academic Advising Center
Hruby Hall 030
or by:email to: registrar@aquinas.edu

REQUEST FOR ENROLLMENT IN COURSES REQUIRING SOE APPROVAL

Student Name: _____

Student ID: _____

Email: _____

Phone #: _____

Semester: _____

- Course:
- EN 329 Work Study in ECE
 - EN 453/553 Secondary Ed. Practicum
 - EN 463/643 Reading Practicum
 - EN 494/794 Bilingual Ed. Practicum
 - PI 101 Foundations of Conductive Education
 - EN 490/569 LD Practicum
 - EN 491/691 ECE Practicum
 - EN 492 ECE Senior Capstone
 - EN 494/794 ESL Practicum

Attach or include a copy of your current Degree Audit (from MyAQ) with this form.

Student Signature: _____

Date: _____

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Section below will be completed by the School of Education
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This registration request is: Approved Denied

Reason for denial:

- SOE Reviewer:
- Practicum Instructor
 - Certification Officer
 - Program Advisor
 - SOE Dean

Signature: _____

Date: _____