



Educational Placement Office

910 Elliot Ave, Minneapolis, MN 55404

phone: (612)343-4737 **fax:** (612)343-4141

Date Form Completed _____

Name: _____
(Last) (First) (MI) (Maiden)

Present Address _____ Phone (____) _____

Permanent Address _____ Phone (____) _____

Education:

Earned Degree	School	City/State	Year received or Dates attended

Major: _____ Cumulative G.P.A. _____

Minor: _____

Special certificates and Endorsements _____

Scholarships, honors, awards, organizations, extra-curricular activities, special skills _____

Clinical Experience	School	City/State	Grade
Clinical I			
Clinical II			
Clinical III			

Student Teaching

A			
B			

Career History (List in chronological order beginning with current position)

Position	Organization	City/State	Year: from - to