

**UNIVERSITY OF RHODE ISLAND
INFORMATION FORM ESL ENDORSEMENT**

Date: _____

Name: _____ URI ID#: _____

Home Address: _____

Campus Address: _____

Home Phone No.: _____ Campus Phone No.: _____

Preferred email: _____

Teacher Certification Area:

- Early Childhood Education
- Elementary Education
 Other major _____
- Secondary English
- Secondary Foreign Language
 Which one? _____

Date Received Certification or Date Anticipated: _____

***An application to enroll in an ESL Practicum must be completed and signed by Dr. JoAnn Hammadou** the semester prior to anticipated ESL Practicum. Dr. Hammadou will be supervising the practicum experience and she needs your applications early to ensure availability of cooperating teachers.

Date of anticipated completion of all ESL Endorsement requirements: _____

Information and advisement: **Dr. JoAnn Hammadou**, Languages, Independence, phone# 401.874.4712
Annie Kammerer, Office of Teacher Education, Chafee Hall, 7th Floor, phone# 401.874.5930

Please return completed form to: Dr. JoAnn Hammadou
University of Rhode Island
Department of Languages
102 Swan Hall
Kingston, RI 02881