



**Division of Education
Office of Certification and Field Experience**

This form does not replace registration. You must still register for the course!

Date: _____ **Please check all that apply:** Elementary Middle School Secondary
 Special Ed. P-3 LDTC Reading Specialist
 Undergraduate Cont. Ed Postbac Graduate

Semester: Year _____
(Please check one): Fall Spring

Liberal Arts Major: _____ **Due Date:** Fall Semester – February 15,
 Spring Semester – September 15

TYPE/PRINT ALL INFORMATION | FILL IN COMPLETELY | RETURN TO EDUCATION DEPT.

Anticipated Certification Testing Area: _____
Name: _____
Street Address _____
Email Address: _____
City/Town: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Dorm Phone:** _____ **Cell Phone:** _____

PREVIOUS FIELD PLACEMENT ASSIGNMENTS

Semester	Course/Title	School/Location	Grade	Hours Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Request for Field Placement

List two schools of choice in which you would prefer to be placed.*

District: _____	District: _____
School Name: _____	School Name: _____
Address: _____	Address: _____
Telephone _____	Telephone _____

- Do you have a car? Yes No
- If no, what transportation would you use to reach a school site? _____
- List any members of your immediate family who are currently employed in either school district on back of this form.
- I am currently under contract with the following school district: _____

NOTE: The College review of approved site for field placement restricts the confirmation of student placement until the public/private school has been visited. No student is to resume that placement will take place unless this request is in keeping with the planned program of the College practicum.

** We will try to meet your request, but it is not possible at all times. Sites can be up to a 30 mile radius from the college.*

Student's Signature Date

Director's Signature Date

Late registration approval —

Director's Signature Date