



# FIELD PLACEMENT REQUEST

Please complete this form and return to the field placement director. All information is to be **TYPED OR PRINT LEGIBLY!**

Student Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Birth date: \_\_\_\_\_ Advisor: \_\_\_\_\_ Gender \_\_\_\_\_ Where do you plan/hope to student teach? \_\_\_\_\_

Major: \_\_\_\_\_ Race: \_\_\_\_\_ High School Graduation Date: \_\_\_\_\_

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

**Current Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Current Phone:** \_\_\_\_\_ **e-mail address:** \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

***YOU CAN NOT DO OBSERVATIONS WHERE YOU PLAN TO STUDENT TEACH!!!***

***Field Placement:*** List course for which you will require field experience hours. Please list a first and second choice.  
***Field Experience request 1<sup>st</sup> choice:***

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

Course Instructor: \_\_\_\_\_ Hours Required: \_\_\_\_\_ Deadline: \_\_\_\_\_

Specific School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Placement Requests:

Full Name of Teacher to be observed: (circle one) Dr. Mr. Mrs. Ms. \_\_\_\_\_

Subjects(s): \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Principal: \_\_\_\_\_

Date(s) of Field Experience: \_\_\_\_\_

List any days of the week and times that you **cannot** do field experience hours:

\_\_\_\_\_

***Field Experience request 2<sup>nd</sup> choice:***

Specific School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Placement Requests:

Full Name of Teacher to be observed: (circle one) Dr. Mr. Mrs. Ms. \_\_\_\_\_

Subjects(s): \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Principal: \_\_\_\_\_

Date(s) of Field Experience: \_\_\_\_\_

List any days of the week and times that you **cannot** do field experience hours:

\_\_\_\_\_

**If you need to list more field experiences please list those on another form.**

**To be completed by FPD:**

Date Request Submitted: \_\_\_\_\_ FPD Authorization: \_\_\_\_\_ FE Permission: \_\_\_\_\_ Affidavit: \_\_\_\_\_