

**Permission Form for Field Experience and Student Information**

**\*\*\*Form should be completed by UA student and submitted to the course instructor.\*\*\***

UA Course Number and Title:

UA Course CRN Number:

UA Course Instructor:

Semester and Year:

UA Student's Name (as appears on course roster):

UA Student's CWID:

UA Student's Crimson Email Address:

UA Student's Mailing Address:

City, State, & Zip:

UA Student's Program of Study:

UA Student's Phone Number (include area code):

Placement Site (full name):

School System (if applicable):

Site's Mailing Address:

City, State, & Zip:

Site's Phone Number:

Site's Fax Number:

Site's Website Address:

Site Administrator's Name:

Site Administrator's Email Address:

Mentor Teacher's Name (if applicable):

Mentor Teacher's Email Address (if applicable):

Is the administrator listed above responsible for approving field experiences and/or internships at the site? (If no, please specify the administrator responsible for approvals and include his or her contact information – full name, title (position), phone number, and email address.)

**The UA Student is responsible for securing permission to complete his or her field experiences in an approved setting. The UA student should submit a signed copy of this form to the course instructor as soon as possible.**

Dear UA Office of Clinical Experiences:

I understand that a field experience is required for the course indicated, in the College of Education, at The University of Alabama. I am aware of the requirements for this course and give my permission for the field experiences to be completed by the UA student at the site listed above.

Sincerely,

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date