

## REQUEST FOR FIELD EXPERIENCE PLACEMENT

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Submit a completed field experience packet to the Office of Clinical Experiences (OCE), 101 Graves Hall, Box 870231, as soon as possible but **a minimum of 2 1/2 weeks prior to the start date** indicated on the form below. Instructors must include the following:

- Completed "Request for Field Experience Placement" Form
- Course Field Experience Requirements and Objectives
- Appropriate and Completed Student Information Form for EACH student on the course roster

### Course Information:

Instructor's name: \_\_\_\_\_

Instructor's office location and phone number: \_\_\_\_\_

Instructor's email: \_\_\_\_\_

Course number and title: \_\_\_\_\_

Course CRN: \_\_\_\_\_

Course meeting days and times: \_\_\_\_\_

Class meeting location: \_\_\_\_\_

### Placement Information:

Number of approved field experience clock hours students are required to complete for this course: \_\_\_\_\_

Specific calendar dates of field placement: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Mark one of the following:

On-site field experience supervision by Instructor

On-site field experience supervision by \_\_\_\_\_;

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

NO onsite field experience supervision by Instructor: Digital communication

Please provide a detailed description of the type of placement needed for the requested course. (i.e. grade level(s), content, setting, general education classroom, number of teacher candidates per classroom, etc.):

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