

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