

Permission Form for Graduate Level Field Experience

The graduate student is responsible for the following:

- secure permission to complete this field experience in an approved setting
- obtain the administrator's signature
- provide the correct school system name, superintendent's name, and superintendent's email address for their school system for the Memorandum of Agreement
- list all courses in the current semester which this field experience placement will be used (those with a with a field experience component)
- submit the completed permission form to each course instructor for courses with a field experience component

The course instructor is responsible for the following:

- Collect all permission forms from students enrolled in the course
- Approve the student's placement meets the course requirements
- Submit all permission forms, the request for field experience, and the objectives to the OCE
- Notify the OCE if the students should log their hours in SLL (logging hours in SLL is optional for advance clinicals)

The OCE is responsible for the following:

- Verify background check has been completed
- Obtain a Memorandum of Agreement from the school system
- Add placements to SLL, if requested by the course instructor
- Send placement confirmation email to student, administrator, and course instructor

Please print

Semester and Year: _____ Courses: _____

UA Graduate Student's Name: _____

Crimson Email Address: _____

Program of Study: _____

Placement Site (full name): _____

School System: _____

School System's Mailing Address (street, city, state, & zip):

School System's Phone Number: _____

School System's Website Address: _____

School System's Superintendent: _____

School System's Superintendent's Email Address: _____

Site Administrator's Name: _____

Site Administrator's Email Address: _____

Mentor Teacher's Name (if applicable): _____

Mentor Teacher's Email Address (if applicable): _____

Setting Details (i.e. classroom, grade, etc.): _____

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 graduate student is responsible for securing permission to complete his or her field experiences in an approved setting. The graduate 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 graduate student at the site listed above.

Sincerely,

Administrator's Signature

Date