



UNIVERSITY STUDENT PLACEMENT FORM

Student Teaching/Internship

APPLICANT COMPLETES SECTIONS 1-3

1. Applicant Information PLEASE TYPE OR PRINT

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

List schools you attended K-12:

Elementary: _____

Middle School: _____

High School: _____

2. PLACEMENT INFORMATION PLEASE TYPE OR PRINT

Anticipated Start date: / / Anticipated End date: / /

Requesting Placement Information:

Please explain in detail, attach additional sheets if needed.

3. UNIVERSITY INFORMATION PLEASE TYPE OR PRINT

UNIVERSITY: _____ SUPERVISOR: _____

Telephone: _____ Email _____

4. PLACEMENT to be completed by sponsoring school

School: _____ Placement _____

Cooperating Teacher Signature: _____ Date: _____

Candidate was interviewed on _____

I, as principal, have verified:

Applicant is employed at school	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Applicant is related to someone within the school (Explain below)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applicant has been a student at school	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Cooperating teacher has 4 or more years experience	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Principal Signature: _____ Date: _____

5. Human Resources Department

- Approved
- Denied

ICHAT COMPLETE DATE _____

HUMAN RESOURCES DEPARTMENT APPROVAL _____ Date: _____