



Observation/
Coursework

UNIVERSITY STUDENT PLACEMENT FORM

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 agreed via email on: _____

Principal agreed via email on: _____

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"/>			

5. Human Resources Department

- Approved
- Denied

ICHAT COMPLETE DATE _____

HUMAN RESOURCES DEPARTMENT APPROVAL _____

Date: _____