

Office of Field Experiences

HARDSHIP PLACEMENT CHANGE FORM

Date: _____

Semester/Year: _____
(i.e. Spring 2013)

Student's Name: _____ Student's ID#: 917 _____

Email Address: _____ Phone Number: _____

Program/Department: _____

Program Coordinator: _____ Department Chair: _____

Placement Type/Course: _____

Current Placement Site Assigned: _____
(District) (School)

Current Placement Cooperating Teacher Assigned: _____

REASON FOR REQUESTING CHANGE: _____

(The following is to be completed by the Program Coordinator or Department Chair.)

The change request is: APPROVED DENIED

Comments: _____

Program Coordinator:

Department Chair:

(Signature)

(Date)

(Signature)

(Date)

(The following is to be completed by the Office of Field Experiences Director.)

The change request is: APPROVED DENIED

Comments: _____

Director, Office of Field Experiences:

(Signature)

(Date)

Notification of change/update:

Student: _____

Dept./Coordinator: _____

District/School: _____

Tk20: _____

Initials: _____