

**Request for Practicum/Field Placement**

3301 College Avenue, Davie, FL 33314  
Phone: (954) 262-5364  
Toll Free: (800) 986-3223 Ext 25364  
Fax: (954) 262-3912

District:

Term:

Major:

Student Name:

NSU ID#

Address

NSU email:

City, State Zip

Phone:

UTEP

GTEP

**COURSE INFORMATION**

Term Dates	Course ID Prefix / #	# of Hours	Level: PreK Elem / Mid / HS	Subject Area / Requirements (Details: observe only; teach; etc.)

Preferred Geographic Area

List Prior Placements

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**PLACEMENT INFORMATION**

School Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

**Cooperating Teacher must be a certified Clinical Educator or be participating in Clinical Educator Training**

Principal/Designee's Name: \_\_\_\_\_

Principal/Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**UNIVERSITY VERIFICATION**

My signature below confirms the above named student is currently enrolled in the \_\_\_\_\_ Teacher Education Program at NSU's Abraham S. Fischler College of Education. If you require further information, please contact The Office of Placement Services.

University Coordinator: \_\_\_\_\_

Ext: \_\_\_\_\_ Email: \_\_\_\_\_

signature

date