

Auburn University College of Education
Graduate Field Experience Request Form

Please check appropriate spaces.

<input type="checkbox"/> On- Campus	<input type="checkbox"/> Graduate Practicum	<input type="checkbox"/> Fall _____
<input type="checkbox"/> Off-Campus	<input type="checkbox"/> Graduate Internship	<input type="checkbox"/> Spring _____
	<input type="checkbox"/> Field Project	<input type="checkbox"/> Summer _____

Applications for all experiences should be submitted to the Professional Education Services Office by mid-semester prior to the semester for which the experience is requested. Proof of a negative TB test result is mandatory and should be turned into the placement site at the beginning of the experience.

STUDENT'S NAME: _____ DEPT: _____

ADDRESS: _____ PHONE: _____

UNIVERSITY SUPERVISOR: _____

COURSE NUMBER AND TITLE: _____

BEGINNING AND ENDING DATES FOR EXPERIENCE: ____/____/____ TO ____/____/____

SPECIFIC HOURS AND DAYS PER WEEK _____

OBJECTIVE(S) OF EXPERIENCE:

LOCATION: _____

GRADE/AGE LEVEL: _____

ACTIVITIES/SPECIAL ARRANGEMENTS:

WHAT ARE DESIRED OUTCOMES OF THIS EXPERIENCE:

Student's Signature

University Supervisor's Signature

FOR USE BY PUBLIC SCHOOL OR AGENCY

Name of Assigned School/Agency

Name of Assigned Teacher/On-Site Supervisor

Signature of School Official