



Division of Education  
Office of Certification and Field Experience

Please check all that apply:

Elementary Secondary

Middle School P-3

Semester: Fall Spring Year: \_\_\_\_\_

Liberal Arts Major: \_\_\_\_\_

**FORMS ARE DUE IN THE OFFICE OF CERTIFICATION AND FIELD EXPERIENCE BY  
October 1 (Fall Semester) and March 1 (Spring Semester)**

TYPE/PRINT ALL INFORMATION | FILL IN COMPLETELY | RETURN TO EDUCATION DIVISION

Anticipated Certification Testing Area: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Field Placement**

List the school(s) where you have secured placement for this semester.

<b>District:</b> _____	<b>District:</b> _____
<b>School Name:</b> _____	<b>School Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Telephone</b> _____	<b>Telephone</b> _____

**District:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

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

**Telephone** \_\_\_\_\_

Are any members of your immediate family currently employed in any of these school districts: Yes  No

If yes, please state the district and affiliation:

\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Professor's Signature

\_\_\_\_\_  
Date