



Field Placement Verification Form

ED332	<input type="checkbox"/>	ED360	<input type="checkbox"/>
ED333	<input type="checkbox"/>	ED380	<input type="checkbox"/>
ED351	<input type="checkbox"/>	ED460	<input type="checkbox"/>

**Division of Education
Office of Certification and Field Experience**

Date: _____

Please check all that apply:

Semester: Fall Spring Year: _____

Elementary Middle School Secondary
 Special Ed. P-3

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.

District: _____	District: _____
School Name: _____	School Name: _____
Address: _____	Address: _____
Telephone _____	Telephone _____

District: _____

School Name: _____

Address: _____

Telephone _____

Student's Signature

Date

Professor's Signature

Date