**\*\*\*This form should be type, printed, signed, and dated.\*\*\***

**NAME (first middle last)**

**Address of your residence during the student teaching semester**

You MUST Read the updated information found in News and Announcement ***(***[**http://www.fmarion.edu/academics/news\_and\_announcements**](http://www.fmarion.edu/academics/news_and_announcements)**) BEFORE** completing and submitting your application and placement request.  You will be held accountable for all of the policies and procedures outlined there.

**Please remember that including the information below will be used in establishing your placement BUT these are just requests and CANNOT be guaranteed.** School placements for student teaching will be made by the Clinical Placement Coordinator. It is not appropriate to initiate or discuss a placement with anyone other than the Clinical Placement Coordinator.

**Complete the following table for your PAST and CURRENT placements. All information must be present.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **School Placement** | **Cooperating Teacher** | **Grade Level AND Subjects** |
| EDUC 191 |   |   |   |
| EDUC 313 |   |   |   |
| EDUC 380 |   |   |   |
| EDUC 392 |   |   |   |
| ELEM 314/ EDUC 322 |   |   |   |
| ELEM 315 |   |   |   |
| ELEM 316 |   |   |   |
| ELEM 317 |   |   |   |
| Other, if applicable |   |   |   |

NOTE: If you are placed in FSD3, Marion, or Darlington school districts, you will be required to complete their additional application requirements during your first week on campus in your student teaching semester. This will be provided to you by the Clinical Placement Coordinator.

**List school(s) where you have close relatives. Identify their relationship to you, and their position, if applicable. (This also includes your children, if applicable.)**

**Within your area of major, do you have a preference of grade level? If so, please list two of your preferred grade levels.**

**Please provide any ADDITIONAL information that may be pertinent to your placement request.**

**Please sign your name indicating that you have read and understand the information posted on News and Announcements and within this document. You understand the request cannot be guaranteed.**

 **Date**