



School of Education

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.629.4675 | Fax: 603.629.4673

Field Experience Placement Request Form

_____ I would like assistance finding a placement.

_____ I have a placement in mind and am seeking permission to contact the site myself. (Indicate the name of the person you plan to contact and the school he/she is associated with.)

Student Name: _____

Phone: _____

SNHU Email address: _____

Course Name/Number: _____

Instructor: _____

Certification/Degree:

_____ **Child Development**

_____ **Early Childhood Education**

_____ **Elementary Education**

_____ **Secondary Social Studies**

_____ **Secondary English**

_____ **Business Education**

_____ **ESOL**

Provide a brief description of the field experience requirements:

When does the field experience need to begin? _____

Indicate your preferences for grade spans for this field experience. Place a "1" beside your first choice; "2" beside your second choice, etc.

_____ (PreK) _____(K-1) _____(2-3) _____(4-5) _____ (6-8) _____ (9-12)

Do you have your own transportation? _____ Are you willing to carpool? _____

Is there any additional information that would be helpful for us to know prior to placement?

If you have embedded hours in other courses this term, note here and fill out a separate request form:
