

Course: \_\_\_\_\_ Section: \_\_\_\_\_

Instructor: \_\_\_\_\_ Number of hrs required for this lab: \_\_\_\_\_

Administrative  
Use ONLY  
FPC

**A. Complete this form using a BLACK PEN, no pencils or colored pens.**

Student Name (not nicknames): \_\_\_\_\_

Student S#: \_\_\_\_\_ Alt. Masters \_\_\_\_\_ Undergrad \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Check** your Program: Childhood Ed (P-6) \_\_\_\_\_

*Special Ed:* Early Childhood K-6 \_\_\_\_\_ 6-12 \_\_\_\_\_ Collaborative K-6/Elementary \_\_\_\_\_

*Secondary Ed:* English \_\_\_\_\_ Gen Science \_\_\_\_\_ Math \_\_\_\_\_ Physical Ed. \_\_\_\_\_ Social Science \_\_\_\_\_

Below select the school system in which you are requesting an assignment (**indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice**). There will be no special requests granted relating to school preferences, grade level or teacher. Write the date and time for your initial visit in Section B.

- |               |              |                |                |
|---------------|--------------|----------------|----------------|
| ___ Alexander | ___ Chilton  | ___ Montgomery | ___ Pike Road  |
| ___ Andalusia | ___ Crenshaw | ___ Monroe     | ___ Sylacauga  |
| ___ Autauga   | ___ Elmore   | ___ Opelika    | ___ Tallapoosa |
| ___ Brewton   | ___ Houston  | ___ Ozark City | ___ Tallassee  |
| ___ Butler    | ___ Lowndes  | ___ Lee        |                |

**Note:** You should report to the school’s front office at least 15 minutes before the initial visit.

**Select a date for your initial visit ON or AFTER Friday, September 21<sup>st</sup> 2018.** After this initial visit, you can schedule other working times cooperatively with the teacher(s) at the assigned school.

**B. Cooperating Teachers**

Please expect the AUM laboratory student to be in your classroom on \_\_\_\_\_ at \_\_\_\_\_.

This lab requires the student to spend \_\_\_\_\_ Hours with your school. The AUM student will schedule the lab hours with you. At the first visit the AUM student will deliver a letter from the instructor containing requirements for the specific laboratory experiences. Thank you for your help.

**C. This form is due back to your Professor ON or BEFORE Wednesday, September 5<sup>th</sup> 2018.**

NO additional placements will be accepted after this date

**PLEASE DO NOT WRITE BELOW THIS LINE**

School assigned \_\_\_\_\_ Subject/Grade \_\_\_\_\_

Teacher assigned \_\_\_\_\_ Teacher’s Email \_\_\_\_\_

Date and Time of Initial Visit \_\_\_\_\_