INFORMATION CHANGE FORM

CURRENT STUDENT TEACHING TERM___________________  TODAY’S DATE__________________

__________________________________________  ID#_______________________________
Last Name     First Name     MI

Please check all changes that apply:

[ ] STUDENT TEACHING SEMESTER CHANGE (due by Sept 1st for spring and Feb 1st for fall)

New Semester ____________________________________________________________________

[ ] STUDENT TEACHING LOCATION CHANGE (due by Sept 1st for spring, and Feb 1st for fall)

1st Placement

NEW 1ST CHOICE
District Name __________________________
School Name __________________________

Grade Level(circle one)
Preschool
K-1
2-3
4-5
Middle School (6-8)
High School (9-12)

NEW 2ND CHOICE
Preschool
K-1
2-3
4-5
Middle School (6-8)
High School (9-12)

2nd Placement

NEW 1st CHOICE
District Name __________________________
School Name __________________________

Grade Level(circle one)
Preschool
K-1
2-3
4-5
Middle School (6-8)
High School (9-12)

NEW 2nd CHOICE
Preschool
K-1
2-3
4-5
Middle School (6-8)
High School (9-12)

Signature____________________________________  Date______________________________

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RETURN THIS FORM TO YOUR ACADEMIC ADVISOR: __________________
(Advisor initial)