

INFORMATION CHANGE FORM

CURRENT STUDENT TEACHING TERM _____	TODAY'S DATE _____	
Last Name _____, _____	ID# _____	
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)

	NEW 1 ST CHOICE	NEW 2 ND CHOICE
1st Placement		
District Name	_____	_____
School Name	_____	_____
Grade Level(circle one)	Preschool K-1 2-3 4-5 Middle School (6-8) High School (9-12)	Preschool K-1 2-3 4-5 Middle School (6-8) High School (9-12)
2nd Placement		
District Name	_____	_____
School Name	_____	_____
Grade Level(circle one)	Preschool K-1 2-3 4-5 Middle School (6-8) High School (9-12)	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)