

Professional Education Programs

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)

Students needing one 16-week placement should fill out BOTH the top two choices ONLY.

Candidates needing 2 8-week placements should fill out ALL FOUR choices

1ST CHOICE (16 weeks or 1st 8 weeks)

Alternate CHOICE (16 weeks or 1st 8 weeks)

District Name _____

School Name _____

Grade Level
(check all that apply)

- Kindergarten 5th Grade
- 1st Grade 6th - 8th Middle School
- 2nd Grade 9th - 12th High School
- 3rd Grade Special Education
- 4th Grade PreSchool

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- 2nd Grade 9th - 12th High School
- 3rd Grade Special Education
- 4th Grade PreSchool

1st CHOICE (2nd 8 weeks)
Dual majors or placements only

Alternate CHOICE (2nd 8 weeks)
Dual majors or placements only

District Name _____

School Name _____

Grade Level
(check all that apply)

- Kindergarten 5th Grade
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- 2nd Grade 9th - 12th High School
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Signature _____ Date _____

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IF YOUR STUDENT TEACHING TERM CHANGED

RETURN THIS FORM TO YOUR ACADEMIC ADVISOR FOR APPROVAL: _____
YOUR ADVISOR WILL SUBMIT THIS TO PEP (Advisor initial)