

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 only needing one placement should fill out the top two choices only.

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

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

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

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