FIELD PLACEMENT REQUEST FORM

Notice: The completion of this form validates that the candidate named herein, has met all departmental requirements for field placement, as outlined by the planned program of study.

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM OF STUDY:</td>
<td>COURSE TITLE:</td>
</tr>
<tr>
<td>DATE OF REQUEST:</td>
<td>PLACEMENT SEMESTER:</td>
</tr>
<tr>
<td>PLACEMENT HOURS REQUIRED:</td>
<td>CANDIDATE’S SIGNATURE:</td>
</tr>
</tbody>
</table>

CERTIFICATION OF CLEARANCE

The above named candidate has met the requirements for field placement, in a field setting, for completion of his/her ( ) degree ( ) certification program.

Course Title: ________________________________

Professor: ______________________ Telephone Number: ________________

Please initial below to confirm the completion of the requirements for certification in the table below.

<table>
<thead>
<tr>
<th>Passed Background Check</th>
<th>Passed PAA</th>
<th>Planned Program Completion</th>
<th>Liability Insurance</th>
<th>Ethics Entry</th>
<th>Pre-Service Certificate</th>
<th>Passed GACE Content</th>
<th>Ethics Exit</th>
</tr>
</thead>
</table>

Cleared by: ___________________________ Title: ___________________________

Advisor: ___________________________ Date: ___________________________

Chair’s Approval: ___________________________ Date: ___________________________

Placement Site (s): ________________________________

Comments: ____________________________________________________________
SITE APPROVAL SECTION

Candidate’s Name: ______________________________________________
Field Experience Course: __________________________________________
University Supervisor: _____________________________________________
Assigned School: _________________________________________________
Classroom Grade: _________________________________________________
School District: _________________________________________________
Cooperating Principal: _____________________________________________
Cooperating Teacher: ______________________________________________
Cooperating Teacher’s Certification ID#: _____________________________

Expected Start Date: __________ Anticipated End Date: ___________ Required Hours: ______

SIGNATURES OF ACKNOWLEDGEMENT

Notice: Without signature verification from programs and departments, the Certification of Clearance is invalid and placement cannot be authorized. Electronic signature based upon validated information from Program and Department of Record.

Approved by: _______________________________________________ Date: ________________
Cooperating Principal

Approved by: _______________________________________________ Date: ________________
Cooperating Teacher Certification I.D#

Approved by: _______________________________________________ Date: ________________
University Supervisor

Signed by: Clark Atlanta University’s Professional Development and Credentialing Coordinator

___________________________________________ Date: ________________
Professional Development and Credentialing Coordinator

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(Field Placement Request Form – Revised, September 2019)