

APPLICATION FOR OUT-OF-DISTRICT FIELD EXPERIENCE

NAME \_\_\_\_\_ L# \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ OTHER \_\_\_\_\_

LEVEL \_\_\_\_ELEMENTARY \_\_\_\_SECONDARY \_\_\_\_SPECIAL EDUCATION  
\_\_\_\_ OTHER \_\_\_\_\_

SEMESTER \_\_\_\_\_

FIELD EXPERIENCE: (department prefix and course number) \_\_\_\_\_

PROPOSED STUDENT TEACHING LOCATION:

SCHOOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

COOPERATING TEACHER \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

REASON FOR REQUEST:

COMPLETE BACK PORTION PRIOR TO SUBMISSION

APPLICATION FOR OUT-OF-DISTRICT FIELD EXPERIENCE CONTINUED

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Read each statement and initial in space provided.

I understand that it is the student's responsibility to make all arrangements for the field experience and provide the information above to the coordinator of field experiences for final approval. \_\_\_\_

I understand that I must offer compensation and if accepted provide the cooperating teacher and supervisor (outside of Clark County) a stipend for serving in these roles. \_\_\_\_

I understand that I must register for this course through UNLV. I, the supervisor, and cooperating teacher must follow the course requirements as prescribed for the course in the field experiences handbook. \_\_\_\_

I understand that during student teaching I must register for the accompanying student teaching seminar and participate as determined by the coordinator of field experiences. \_\_\_\_

I understand that I must purchase the field experience handbooks and evaluation forms and provide the appropriate copies to the cooperating teacher and supervisor. \_\_\_\_

I understand that if I have a documented disability that may require accommodations, I must contact the UNLV Disability Resource Center for the coordination of services. \_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

Signature

\_\_\_\_\_  
Print Name