UNIVERSITY OF CALIFORNIA, RIVERSIDE

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

Graduate School of Education
Teacher Education Services
RIVERSIDE, CA 92521-0128
TEL: (951) 827-5225
FAX: (951) 827-3291

Dear Field Experience Student:

Please ask the teacher in whose room you are conducting your field experience assignment to verify that you have started your field experience placement. **Print** your name, the name and address of the school, the school district, the grade level or subject area of the classroom, and the name of the teacher. **An administrator's signature is required if you arranged your own placement.** Download, complete (including teacher and administrator signature, if required) and submit form to the Teacher Education office (located in Sproul 1124; open 8 a.m. to 12 noon and 1 to 5 p.m., Monday through Friday). Please check with your instructor for the due date.

Thank you for your cooperation.

☐ **EDUC 002** ☐ **EDUC 100B–Sect. No. ____** ☐ **EDUC 172** ☐ **EDUC 174** ☐ **EDUC 177A** ☐ **EDUC 177B**

Student's Name_____

Name of School_____ School Phone_____

School Address_____
Number Street City Zip

Name of School District_____

Name of Teacher_____

For Education 177A/B—Circle Teacher Certification: CLAD BCLAD LDS BCC

Grade level or subject area of classroom_____

The student named above has reported for field experience placement.

_____ _____
Date Teacher's Signature

The above placement is approved

_____ _____
Date Administrator Signature

10/4/07