

Practicum Placement Request Form

Name _____ Date _____

Pima Student ID# _____ Email Address _____

Post Degree Teacher Certification Program? Yes No Continuing Education? Yes No

Phone (home) _____ (work) _____ (cell) _____

Fingerprint clearance card submitted to our office? Yes No Expiration date _____

EDU/EDS Course # _____ Start date of course _____

Term (check one) Fall Spring Summer Session (check one) 1 2 3

A. Continuing with Mentor Teacher from previous course? Yes No

Has mentor agreed to continue? Yes No (The same mentor may be used for no more than three sessions)

List school and mentor's name, if continuing _____

B. New placement? Yes No

** Area of Preference (list zip codes or cross streets) _____

List any schools in the above-mentioned areas at which you may have a special relationship:

School	Relationship
_____	_____
_____	_____

** Grade Level Preference (Check all that apply) K-1 2-3 4-5 6-8 9-12

**Subject Area (Secondary only, list one or more) _____

Willing to be placed at a faith-based school? Yes No Charter school? Yes No

Comments _____

**Due to the large number of students, placements may differ from desired preferences.

If you drop this course, please immediately notify the Teacher Education Office at teachereducation@pima.edu, or 206-6566.

Submit this form to: Teacher Education Program
Pima Community College
401 N. Bonita Avenue
Tucson, Arizona 85709

Phone: 520-206-6566
Email: teachereducation@pima.edu
Fax: 520-206-6309