

GRADUATE STUDENT INFORMATION SHEET

NAME _____
Last First Middle

LOCAL ADDRESS DURING MASTERS YR. _____

PERMANENT HOME ADDRESS IF DIFFERENT FROM ABOVE _____

LOCAL PHONE (____) _____ PERMANENT HOME PHONE (____) _____

E-MAIL ADDRESS(ES) _____

SPECIALTY AREA DURING M.S. YEAR _____

MAJOR/CORE _____

FIELD EXPERIENCE PLACEMENTS:

School and Phone No. _____

1st Placement Teacher/Grade Level _____ Home Phone: _____

2nd Placement & Internship Teacher/Grade Level _____ Home Phone: _____

University Supervisor _____

Do you plan to substitute teach during the Fall semester? Yes _____ No _____

What days during the fall semester will you be completing your field experience? **Please indicate the days and hours you will be in your school:**

_____ Tuesday	_____ Thursday	_____ Friday
_____	_____	_____
_____	_____	_____
_____	_____	_____