Plymouth State University
COLLEGE OF GRADUATE STUDIES

Educational Leadership: Practicum Placement Confirmation

This form is for MEd and CAGS Educational Leadership/Administration Certification only and should be submitted during the practicum course.

Student ID | Last Name | First Name | MI

E-Mail Address: _____

Area of Certification: _____

Phone: _____

Degree: ☐ Certification only ☐ MEd ☐ CAGS

PRACTICUM INFORMATION

☐ Practicum (3 - 6 Credits) ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Practicum Location, E-mail and Mailing Address: _____

_____

Student Signature: _____ Date: _____/_____/_____

My signature indicates that I give Plymouth State University permission to use any of my coursework relative to Administration Certification for accreditation and state program approval processes. It is my understanding that Plymouth State University will not include my name on the work samples.

MENTOR SUPERVISOR

Name:_____ Title: _____

E-mail Address: _____

Phone: _____

Mentor Supervisor's Signature: _____ Date: _____/_____/_____

Your signature verifies that you have at least 5 years of experiences as an educator and you are a certified professional in the area of certification stated above. Your signature also verifies that your school building meets all applicable life/safety codes and is approved by the New Hampshire Department of Education.

Practicum Instructor Signature: _____ Date: _____/_____/_____

Once all signatures are obtained, please turn this form into your Practicum Instructor.

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