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 prior to or along with the practicum course registration

Student ID | Last name | First | MI

E-Mail Address: _____

Area of Certification: _____

Degree: ☐ Certification only ☐ MEd ☐ CAGS

PRACTICUM INFORMATION

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

Practicum Location 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 the Mentor Supervisor assigned to the intern has a minimum of three years teaching experience. Your signature also verifies that that your school building meets all applicable life/safety codes and is approved by the state Department of Education.

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

Submit completed from to: Plymouth State University College of Graduate Studies, MSC 11, ATTN: Christie Sweeney, Co-Coordinator for Educational Leadership, 17 High Street, Plymouth NH 03264-1595 or fax: (603) 535-2572