



Office of Educator Preparation

APPLICATION FOR UNIVERSITY SUPERVISOR

(A resumé and three recent letters of professional recommendation and a copy of your New Hampshire state teacher certification must accompany this application.)

NAME: _____

ADDRESS: _____

PHONE: _____ day SS#: _____ / _____ / _____

_____ evening E-mail: _____

Area of Expertise:

Elementary _____ Grade levels _____

Secondary _____ Subjects _____

K-12 _____ Subjects _____

New Hampshire Certifications (can be active in another state)

_____ Expiration _____

_____ Expiration _____

I am available _____ Semester _____ Year _____

I am willing to supervise _____ per semester. (Maximum of six) # of students

I would prefer the following geographical locations: (Students are placed anywhere within the state of New Hampshire.)

_____ Signature

_____ Date

Completion of this form is in no way an agreement of employment.

This form should be returned to the Office of Educator Preparation.



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