

College of Graduate & Continuing Education (CGCE)

COLLEGE OF EDUCATION FIELD EXPERIENCE PLACEMENT FORM

ABOUT THIS FORM: Because the majority of courses in the Teacher of Students with Disabilities programs (TOSD Post-Bac and TOSD GE) include a field experience component, all applicants to the program are required to submit this Field Placement Form with their application materials in order to ensure placement. (Your application to the TOSD Post-Bac or TOSD GE program will not be complete without this form.)

INFORMATION ABOUT PLACEMENT: CGCE will forward this form to the College of Education along with your completed application for admission. If/when students are admitted and matriculated into the program, the College of Education will use the form to determine placement for each course and will notify you. If you are currently employed in a school district, these field experiences may be completed at your place of employment.

- No registration for your final two courses in the program can be performed until placement is confirmed by the College of Education (usually one term prior).
- If in a program that includes a Personalized Course Sequence (PCS), your CGCE Admissions & Enrollment Counselor will register you once confirmation is received from the College of Education and will email you a registration confirmation.

Note: Any questions about placements should be directed to the Academic Advisor for the appropriate academic program. Please also review the full set of details regarding this program by visiting www.rowan.edu/cgce/program overviews and clicking on the program of interest.

Please come	olete this form in its entirety and submit it vio	the information	on the hottom of this nage		
rieuse comp	lete this joint in its entirety and submit it vic		in the bottom of this page.		
Applicant Last Name	Applicant First Name	MI	Rowan ID Number (if applicable/known)		
Date of Birth (MM/DD/YYYY):		Social Securi	ty # (Optional):		
Requested Entry Point:	Other names that app	ear on Academio	c Records:		
Applicant Email:		Applican	t Phone:		
PLACEMENT QUESTIONS					
This placement should be in my	current place of employment.				
District:	School:				
Contact Person:	Grade/Type:				
Contact Phone:	Contact Fax:				
	in a Special Education classroom h you complete your final two courses	in the program.)			
I do not currently have placeme	nt.				
Signed:		Date:			

SUBMIT THIS FORM: Please submit this completed form to CGCE Admissions with your application materials by the appropriate application deadline.

- O Via FAX: 856-256-5637
- o Via Mail: Attn: CGCE Admissions, College of Graduate & Continuing Education (CGCE), Rowan University, James Hall, 3rd Floor, Room 3129, 201 Mullica Hill Road, Glassboro, NJ 08028
- Via Email: <u>cgceadmissions@rowan.edu</u> (scan and attach)
- o **Deadlines:** The submission deadline for this form is the same as the application deadline for your program of interest. Application deadlines are listed at www.rowan.edu/cgce/program. (Click on the appropriate program and then look for "Start Dates and Deadlines" information.)

Note regarding changes to placement: You only need to submit this form once unless your placement changes. If your placement changes *before* admission, please submit an updated form to CGCE Admissions. If your placement changes *after* you have been admitted or matriculated, please submit an updated form to your Academic Advisor.

CONTACT: Should you have any questions or to confirm receipt of this form, please contact CGCE Admissions at cgceadmissions@rowan.edu.

For College of Education use only:		
Received Date:	Advisor Signature/Date	_
		08/29/12