Roanoke County Public Schools College/University Request Form For:
(Please check only 1 of the following placement types. Please use another form for other types of requests.)

- Student Teachers
- Interns
- Practicums
- Blocking Students
- Observations
- Other (Please List: )

College/University Name  School Year  -  Semester

Placement Information:  Start Date  Changeover Date (if applicable)  End Date

Total Number of Hours Required  Days of Week  Times of Day

Please list any other helpful information:

<table>
<thead>
<tr>
<th>College/University Requesting Official Use:</th>
<th>Roanoke County Placement Official Use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name (Last, First)</td>
<td>Approved Supervising Teacher(s) Assigned</td>
</tr>
<tr>
<td>Grade(s) &amp;/or Subjects Required</td>
<td>Grade(s) &amp;/or Subject(s) Taught</td>
</tr>
<tr>
<td>School(s) &amp;/or Teachers &quot;Requested&quot;</td>
<td>School(s) Assigned, Principal's Name(s) &amp; Phone #s</td>
</tr>
</tbody>
</table>

(Signature of Requesting College/University Official)  (Date)  
(Signature of Roanoke County Placement Official)  (Date)

Phone: Fax:  Phone: 540-562-3900 ext. 10146  Fax: 540-562-3995

Email:  Email: kthompson@rcs.k12.va.us