

# 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:

College/University Requesting Official Use:			Roanoke County Placement Official Use:		
Student Name (Last, First)	Grade(s) &/or Subjects Required	School(s) &/or Teachers "Requested"	Approved Supervising Teacher(s) Assigned	Grade(s) &/or Subject(s) Taught	School(s) Assigned, Principal's Name(s) & Phone #(s)

(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