



Student MUST complete this section
Semester: Fall Spring **Year:** _____
Campus of Admission: DPC Poly Tempe
 West
Semester in Program:
 PTPP/Undergrad 1 2 3 Student
 Teaching **OR**
 MAC /Grad 1 2 Student Teaching

Change of Placement Request Form

Please complete the entire form and scan/email it to Debbie.Robinson@asu.edu, the director of the Office of Clinical Experiences (OCE), for any of the following situations:

- The placement is not appropriate based on the student’s program requirements.
- The school is located more than 40 miles one-way from the campus at which the intern is affiliated.
- The school/district recommends a different teacher to mentor our student.

Note: If an intern secures a job as a paraprofessional (aide), the intern completes the **Intern Paraprofessional Petition** and requests to use the employment setting for clinical experience. The form is found at <https://education.asu.edu/oce-resources> and is submitted to Debbie.Robinson@asu.edu for review.

Last Name: _____ First Name: _____ MI: _____

Signature: _____ Date: _____

ASU Affiliate ID #: _____ Phone: (_____) _____ - _____

ASU Email: _____@_____

Program: ECS <input type="checkbox"/> EED <input type="checkbox"/> BLE/ESL <input type="checkbox"/> SPE <input type="checkbox"/> SED <input type="checkbox"/> Subject: _____

Please explain the reason for your request for a change of placement and/or attach documentation:

For Office Use Only:
 Approval: Denial: Date: _____ Signature: _____
 Comments: _____

