



SPECIAL CIRCUMSTANCES REQUEST FOR PRACTICUM PLACEMENT

Term/Year: _____

Name: _____ Student ID: _____

Address/City/ZIP: _____

Day Phone: _____ Cell Phone: _____

Email (preferably CGCC email): _____

Practicum Placement Site Request

Select which Practicum you are requesting a Special Request:

ECE 134 (Practicum 1) ECE 264 (Practicum 3)

ECE 135 (Practicum 2) ECE 265 (Practicum 4)

Focus Age:

Infant/Toddler (0-3)

Pre-school (3-5)

School age (5-8)

Practicum Site Requested: _____

Practicum Supervisor: _____

Practicum Site Phone: _____

Reason for Request:

ECE & FS Practicum Instructor

ECE & FS Program Dean

Academic Advisor

APPROVED DENIED ECE & FS