Updated May 19, 2021

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| **APPLICATION FOR AN ADDITIONAL/DEFERRED PLACEMENT** |

***PLEASE PRINT***

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| **Surname** | | **Given Name** | **Student ID Number** |
| **LU Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**@lakeheadu.ca  **Contact Tel: ( )** | | | |
| **ACADEMIC INFORMATION**  □ 2-year BEd Consecutive  □ 2-year BEd Concurrent  □ Special Student Upgrading | * PJ   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * IS   **1st teachable**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **2nd teachable** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **SUBJECT** | **COURSE NO.** | **COURSE TITLE** | **DATES/TIME TO BE COMPLETED** | | **FACULTY ADVISOR** |
| **EDUCATION** | * □**4398** * □**4498** | Student Teaching 1  Student Teaching 2 |  | |  |
| **OCT Required**  **2 Additional Placement** | * □**3910** * □**3910** | Additional Placement 1  Additional Placement 2 |  | |  |
| **REASON FOR REQUEST:** | | | | | |
| **SIGNATURE of Teacher Candidate** | | | | **DATE** | |

**It is the teacher candidate’s responsibility to return the completed application to the Professional Experiences Coordinator.**

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| **FOR OFFICE USE ONLY** | | |
| **Amount □ $500.00 *Additional*** Placement  **Amount □ $500.00 *Deferred***  Placement  **Amount □ $500.00 *OCT Required Additional***  Placement   (two placements required, $500 per placement)  **□** Thunder Bay Campus: **Account No. 11-10-1310-0000-42369**  **□** Orillia Campus: **Account No. 22-10-1305-0000-42369** | **Date of Receipt:** | **Received by:** |
| **COMMENTS: [**ATTACH ADDITIONAL PAGE IF NEEDED**] Initialed\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **APPROVAL SIGNATURES**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Professional Experiences Coordinator Chair, Undergraduate Studies / Date**  **Education Programs** | | |

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| *Personal information on this form is collected under the general authority of the Act respecting Lakehead University and may be used to alter student registration. Any questions on this collection should be directed to: Office of the Dean, Faculty of Education, Lakehead University, Thunder Bay, ON P7B 5E1, 807-343-8705.* |