



INFORMATION CHANGE FORM

CURRENT STUDENT TEACHING TERM _____ TODAY'S DATE _____
Last Name First Name MI ID#

Please check all changes that apply:

STUDENT TEACHING SEMESTER CHANGE (due by Sept 1st for spring and Feb 1st for fall)

New Semester _____

STUDENT TEACHING LOCATION CHANGE (due by Sept 1st for spring, and Feb 1st for fall)

Students needing one 16-week placement should fill out BOTH the top two choices ONLY.
Candidates needing 2 8-week placements should fill out ALL FOUR choices

1ST CHOICE (16 weeks or 1st 8 weeks)

Alternate CHOICE (16 weeks or 1st 8 weeks)

District Name

School Name

Grade Level . L Q G H U J D U W H K Q * U D G H . L Q G H U J D U W H K Q * U D G H
FKHFN DOO VW * U D G H W K W K 0 L G G O H V W K R U D G H W K W K 0 L G G O H
WKDW DSSO\ Q G * U D G H W K W K + L J K 6 F K R R O U D G H W K W K + L J K 6 F
UG * U D G H 6 S H F L D O (G X F D W L R U G * U D G H 6 S H F L D O (G X F D W L R
W K * U D G H 3 U H 6 F K R R O W K * U D G H 3 U H 6 F K R R O

1st CHOICE (2nd 8 weeks)
Dual majors or placements only

Alternate CHOICE (2nd 8 weeks)
Dual majors or placements only

District Name

School Name

Grade Level . L Q G H U J D U W H K Q * U D G H . L Q G H U J D U W H K Q * U D G H
FKHFN DOO VW * U D G H W K W K 0 L G G O H V W K R U D G H W K W K 0 L G G O H
WKDW DSSO\ Q G * U D G H W K W K + L J K 6 F K R R O U D G H W K W K + L J K 6 F K
UG * U D G H 6 S H F L D O (G X F D W L R U G * U D G H 6 S H F L D O (G X F D W L R
W K * U D G H 3 U H 6 F K R R O W K * U D G H 3 U H 6 F K R R O

Signature _____ Date _____

RETURN THIS FORM TO YOUR ACADEMIC ADVISOR FOR APPROVAL: _____
YOUR ADVISOR WILL SUBMIT THIS TO PEP (Advisor initial)