



**PLACEMENT APPLICATION FORM**

**RETURN THIS FORM TO:**

Human Resources Department – 3<sup>rd</sup> Floor  
801 Crawford Street  
Portsmouth, VA 23704

|  |
|--|
| REQUEST FOR (Check one)                        |
| <input type="checkbox"/> Student Teaching      |
| <input type="checkbox"/> Practicum/Observation |
| <input type="checkbox"/> Admin. Internship     |
| <input type="checkbox"/> Semester (circle one) |
| Fall * Spring                                  |

**CANDIDATE INFORMATION**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Local Address \_\_\_\_\_

Current Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

College/University \_\_\_\_\_ College Advisor \_\_\_\_\_

Grade/Subject Level Requested \_\_\_\_\_

School Requested \_\_\_\_\_ Numbers of Hours Needed \_\_\_\_\_

Beginning and Ending Dates: From \_\_\_\_\_ to \_\_\_\_\_

Current employee? \_\_\_\_\_ If so, list position and school \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A recent TB test or screening must be submitted with this form prior to approval**

**HUMAN RESOURCES NOTIFICATION  
(Office Use Only)**

Approved \_\_\_\_\_(School)

Rejected \_\_\_\_\_

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_

\*If multiple requests are made, a new form must accompany each request.