Date Submitted: ____________________________

Course Name: _________________________________

Course #: _________ Section #:__________

Ball State Instructor: _______________________________

Telephone Number: ___________________

School Requested (one form per school): _______________________________

Subject(s) and/or Grade(s) preferred: ______________________________________________________

Description of Activity: _____________________________________________________________

(attach course syllabus)

Group Configuration : ___________________________________________________________ (i.e. One-on-one, small group, whole class)

Number of Ball State students: _________(You must provide O.T.E.S. with a class list including ID number, or date of birth (preferred), for Zachary’s Law check)

Requested Start Date:___________________________________________

Requested End Date:____________________________________________

Requested day(s) and time per week: _______________________________

Requested hours per visit: _____________________________ (actual times)

Total number of actual hours at site per semester: _____________________

LIMITED CRIMINAL HISTORY CHECK must be presented to the school before admission for this experience.

Please allow a MINIMUM of ten (10) school days for processing

You will receive an email from O.T.E.S when the request have been approved by the school.
You should NOT contact school personnel directly regarding this request.

Form must be filled out COMPLETELY.
Failure to provide required information will delay approval.