Date Submitted: __________________

Applicant Name: ______________________________________  Date of Birth: _______________

Applicant BSID #: ______________________________________________________________________

Day Telephone Number: _____________ Supervising University Professor: _________________

Course Title: ___________________________  Course Number: ___________  Course Section: ______

Describe the Project: ____________________________________________
(attach course syllabus)
____________________________________________________________________________________

Requested School and Address: _________________________________

Requested School Corporation Address: ____________________________

Requested Site Supervisor (if known): ______________________________

Site Characteristics desired: _________________________________  (age, grade, socio-economic level, etc)

Are there any special accommodations you require: _______________________________

DURATION:

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.

Signature of Professor: ____________________  Signature of OTES Director_____________________

School Principal: Name________________________ Email: ________________________________

Superintendent: Name:_______________________ Email: ______________________________

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

Form must be filled out COMPLETELY, otherwise processing could be delayed.