

**EDEL 105
PLACEMENT REQUEST FORM**

Name: _____

Student #: _____

Email: _____

Phone #: _____

Semester / year you plan to transfer to CSULB: (circle one) Fall / Spring Year _____

Subject / Major: _____

Are you working in a school this semester?

If so, please provide the following information:

School District: _____

School Name: _____

Your Position/Title: _____ Grade Level: _____

Placement Request

District:

Teacher TRAC is in partnership with the following school districts. Please rank them 1 to 4 (1 = first choice) in order of preference of where you would like to complete your 10-hour Observation.

_____ ABC

_____ Bellflower

_____ Downey

_____ Norwalk/La Mirada

Subject:

What class(es) are you interest in observing (ex. Chemistry, History, etc.):

Level:

Mark one:

Middle School _____

High School _____

Either _____

Notes regarding your placement request: _____

Do you have any transportation restrictions? _____