CONFIRMATION OF STUDENT TEACHER PLACEMENT

Student Teacher: ___________________________ Semester/Year: ____________

License Area: ___________________________ Assignment Dates: ___________________________
(Student Teachers are encouraged to begin their assignments when your school/semester begins.)

Assignment accepted ® Rejected ®

School Name: ___________________________ School District: ___________________________

By signing below you are verifying that you have approved this assignment. You also are verifying that
the cooperating teacher assigned is licensed/endorsed in the student teacher’s subject area, and has
completed at least three years of full-time teaching.

Principal’s Printed Name ___________________________ Signature ___________________________

Please print Principal’s e-mail Address ___________________________ Date ___________________________

Cooperating Teacher: By signing, you are verifying that you are licensed in the subject area of the
student teacher, and that you have completed at least three years of full-time teaching.

Teacher’s Printed Name ___________________________ Signature ___________________________

Grade Level ___________________________ e-mail ___________________________ Date ___________________________

Thank you for supporting professional teaching preparation. UNC no longer requires teacher
candidates to submit TB test results.

Please return ASAP via fax to: Marita Johnson at 970-351-4627

www.unco.edu/teach