

GRAMBLING STATE UNIVERSITY
College of Education
Office of Professional Laboratory Experiences

*Producing knowledgeable, skilled & compassionate educators & other school professionals
"Where Everybody Is Somebody"*

CANDIDATE APPLICATION FOR INDEPENDENT O/P EXPERIENCE HOURS

To prevent delayed processing, COMPLETE ALL FIELDS

Semester: *Fall* _____ *Spring* _____ *Summer* _____
Year Year Year

Candidate's Name _____ G# _____ Date _____

Phone Number: (____) _____ - _____ Email: _____

Major: _____

Concentration (secondary majors): _____

Begin Date Requested: ____/____/____ End Date Requested: ____/____/____

List **day/times** when you will be available to complete O/P Experience Hours:

Monday	Tuesday	Wednesday	Thursday	Friday

How many hours are you requesting to complete? _____ At what Level? _____

For Which Course(s)? _____

If we are unable to reach the principal at your preferred site, we will contact another school on your behalf. Please submit an alternative school for O/P.

Contact Information for Preferred Site

School: _____

Principal: _____

Phone Number: (____) _____ - _____ Email Address: _____

Contact Information for Alternative Site

School: _____

Principal: _____ Email Address: _____

Phone Number: (____) _____ - _____ Other: _____

OFFICE USE ONLY

____ **Approved** ____ **Denied**

Signature of Director

Assignment Specifications:

School _____ Teacher _____

Comments _____