



FIRST DAY OF SCHOOL CLINICAL EXPERIENCE
Application for Placement
(*Application required if placement is in the greater Birmingham area)

Request for First Day (year) _____

STUDENT'S NAME _____

MAJOR _____

ADDRESS _____

PHONE _____

E-MAIL _____

PREFERENCES FOR FIRST DAY PLACEMENT:

My first choice of school(s):

Name of School _____

My second choice of school(s):

Name of School _____

I requested these schools because (*explain briefly*)

Date of submission _____

This form must be submitted no later than June 1 prior to the requested placement.

Return form to:

Office of Clinical Experience
School of Education
Samford University
Birmingham, Alabama 35229

**Candidates may complete this experience in any school or city of his or her choice. Candidates may arrange for the observation on their own outside of the greater Birmingham area. Application is not necessary if candidate makes the arrangements.*