

College Supervisor Request for Supervisees

Complete a form EACH semester in which you are interested in obtaining supervisory work.

Forms should be submitted no later than finals week of the previous semester in which you intend to supervise. These forms should be submitted to the Assistant Director in the Division of Education.

Please complete the following information:

Semester: _____ Year: _____

CLINICAL PRACTICE SUPERVISION:

_____ Yes, I am interested in supervising teacher education candidates enrolled in **clinical practice**.

_____ No, I am not available to supervise teacher education candidates enrolled in **clinical practice**.

FIELD AND METHODS SUPERVISION:

_____ Yes, I am interested in supervising teacher education candidates enrolled in **field and/or methods courses**.

_____ No, I am not available to supervise teacher education candidates enrolled in **field and/or methods courses**.

Please indicate on the back of this form any information which may be helpful when assigning supervisees. Please note, the submission of this request is not a guarantee of supervisory work, only an indication that you are interested.

Print Name: _____

B-W Email address: _____

Phone Number: _____

(Please remember to update contact information if any changes occur.)