



VILLANOVA
UNIVERSITY

Application for Field Observation Experience

Student Name: _____ Date: _____

Local Phone Number: _____ Email: _____

Major: _____ Minor: _____ Content Area: _____

Subject(s) Requested: _____

Grade Level Requested: ___ High School ___ Middle School

Frequency: ___ times per week for ___ weeks (___ total hours) Dates: ___ to ___

EDU _____ Course Title _____

Instructor: _____ Date/Time: _____

Are legal and health clearances available? ___ Yes ___ No

Return completed forms to: Christine Maurer, M.S.
Field Placement Coordinator
Education & Human Services
St. Augustine Center 316
christine.maurer@villanova.edu
610-519-8038

**Once placements have been made, they are final. No changes will be permitted.*

(for office use only)

Assigned to: _____ Subject: _____

School: _____ Grade Level: _____

School District: _____