



Center for Teacher Preparation & Partnerships
Professional Studies Building, Rm. 203A
ctpp@njcu.edu 201-200-3015 voice 201-200-2334 fax

Workplace Request Form

Department Chairperson approval

The letter verifies that _____ is currently employed by
the school district of _____ and that his/her current school
assignment is at _____. The intern's
current job title is _____.

This request will only be accommodated if the following provisions have been met:

- 1) the student did not attend school in the district,
- 2) the student does not have a relative(s) enrolled in any school in the district or,
- 3) the student does not have a relative that is employed in the school district.

The district agrees to release the student from their current job responsibilities to meet the College of Education criteria for the clinical component. That criteria is located in the on-line CTPP Handbook, and can be viewed at www.njcu.edu/ctpp

Signature and title of School Administrator

Date

School contact info: phone _____ e-mail _____

STUDENT MUST COMPLETE THE FOLLOWING and bring this form to the CTPP

Name _____ Department _____

Semester & Year of workplace request _____

Clinical Practice I _____

Clinical Practice II _____

Brandi Warren
CTPP, Director
201 200 3015