Application for Field Observation Experience
Villanova University

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____

Purpose of Observation: ____________________________________________

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: ____________________________