



Please indicate field education courses completed at FGCU:

**Full Time Program**

**Part Time Program**

\_\_\_\_\_ Field Education I  
\_\_\_\_\_ Field Education II  
\_\_\_\_\_ Field Education III  
\_\_\_\_\_ Field Education IV

\_\_\_\_\_ Field Education IA  
\_\_\_\_\_ Field Education IB  
\_\_\_\_\_ Field Education IC

\_\_\_\_\_ Field Education IIA  
\_\_\_\_\_ Field Education IIB  
\_\_\_\_\_ Field Education IIC

**First Year Placement Agency:** \_\_\_\_\_

**Field Instructor (at agency):** \_\_\_\_\_

**Agency Street Address:** \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
**City State Zip Code**

**Second Year Placement Agency:** \_\_\_\_\_

**Field Instructor (at agency):** \_\_\_\_\_

**Agency Street Address:** \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
**City State Zip Code**

**Your Current Mailing Address:** \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
**City State Zip Code**

**Your Current Email Address:** \_\_\_\_\_

**Your Current Phone Number:** \_\_\_\_\_

**Licensing Board Mailing Address (if not, FL)** \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
**City State Zip Code**