



TO: SCHOOL ADMINISTRATOR

The following student would like to observe in the specified location during the stated dates and times. Please indicate your approval or disapproval and return this form to the address listed below.

Please Type or Print Neatly

Name: _____

Phone: _____

ID Number: _____

E-mail: _____

Date: _____

Course: MUSI 1723 – Intro. to Music Ed.

OSU Supervisor: Dr. Julia Haley

Telephone: 405/744-8988

Signature: _____

STUDENT REQUEST

Please list a specific school (only one school per request form) and the district (the city in which the school is located).

School: _____

District: _____

Grade: _____

Teacher: _____

Total Hours Requested: _____

Dates Requested (Please list specific dates)

Times Requested (Please list specific times)

ASSIGNMENT AND SIGNATURES

This student is assigned to:

Teacher (Please Print Name) _____

Grade/Subject _____

Teacher's Email _____

School Phone _____

Thank you for your continued cooperation. Your assistance is vital in helping our Professional Education program meet the State Department requirements.

Principal Signature: _____

Approved: Yes No

Please return the signed form to:

Office of Professional Education
325 Willard
Stillwater, OK 74078-4031
Fax: 405/744-1834

If you have questions and cannot reach the OSU Supervisor, please contact:
Office of Professional Education
405/744-9432