



Department of Education Form F351
 Lake Superior State University
 Application for Intern Placement Waiver

Students are not allowed to student teach at a school where a relative is working or has close affiliation without a signed wavier from the Principal of the school, and permission of the Department of Education

Student Name : _____

Placement Preferences:

Region Number	Districts	Schools
1. _____	a. _____	_____
	b. _____	_____
2. _____	a. _____	_____
	b. _____	_____

I do not have any relatives working at any of the above schools.

Relatives that have an affiliation or who are attending requested schools:

In what capacity _____

Relatives that have an affiliation or who are attending requested Schools:

In what capacity _____

- Relatives: Grandparent, Parent, Spouse, Brother, Sister, Child, Aunt, Uncle

Release: I declare and affirm, under penalty of committing fraud in the application process, that all the statements made herein are true, complete and correct. I further declare and affirm that if any changes occur subsequent to the date of this document; these changes will be reported to the Department of Education at Lake Superior State University.

Student Signature: _____ Date: _____

Official Use

Signature _____

Date: _____

Comment: