

**GRAND VALLEY STATE UNIVERSITY**  
**COLLEGE OF EDUCATION**  
**STUDENT PLACEMENT VERIFICATION FORM (*For Non-GVSU course(s)*)**

The student indicated below is in an Early Childhood Education program at our institution and has requested a waiver for a three credit field course based on previous experience from your institution. Please assist by providing the information requested below.

**Student fills out:**

Student Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_  
Student G-number: \_\_\_\_\_ GV Advisor: \_\_\_\_\_

**Guest University College of Education official fills out:**

1. Did this student **successfully** complete a state approved 3 credit field course at your institution? \_\_\_\_\_  
If so, course title: \_\_\_\_\_
2. Name of school where student was placed and district \_\_\_\_\_  
\_\_\_\_\_
3. What type of classroom was the student placed in: general education **or** special education (Circle one)
4. Grade level of placement (Check One):  
\_\_\_\_\_ Infant-toddler (birth to 2 ½) \_\_\_\_\_ Preprimary (2 ½ through age 4) \_\_\_\_\_ Primary (grades K to 3<sup>rd</sup>)
5. Yes or No (Circle One). **Diverse placement** (A setting where 20% or more of the students meet as least two of the following differences, based upon: ethnicity, race, socioeconomic status, gender, exceptionalities, language, religion, sexual orientation, or geographical area)
6. Comments:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Date: \_\_\_\_\_

**(To be submitted by student with GVSU ECE waiver request form)**