



COLLEGE OF EDUCATION

OFFICE OF FIELD PLACEMENT
PLACEMENT EXCEPTION FORM

Student Name: _____ Mercer ID: _____

Campus Location: _____ Semester: _____

Field Experience Course under consideration: _____

Placement County under consideration:

[] Forsyth [] Morgan [] Thomaston [] Troup [] Other: _____

Table with 4 columns: Fee Scale, Regular Field Experience Fee, Additional Fee for Placement in Excess of 30 miles from Campus, Total Fees. Rows include Early Fieldwork Courses, Practicum/Mentored Practicum, and Student Teaching Internship.

I, _____, understand that an additional fee will be charged to me if my
Print name

request to be placed outside the normal radius for field experience is granted. I also understand that, if my request is granted, the Office of Field Placement will determine the school location for this experience.

Signature

Date

Please sign and submit this form to tiftfieldplacement@mercer.edu