The College Of New Jersey
Support for Teacher Education Programs

<u>Student Teaching Personal Hardship Waiver Form</u>

The College has not and does not guarantee placement of student teachers/interns in school districts near their residences because of the students' desire to commute to school from their permanent residences. Should students experience personal hardships such as a medical condition, unexpected financial hardship, or family crisis that necessitates the need for a specific geographic location for student teaching, students may complete this form.

This hardship waiver request form requires the student to state the reasons for the request, along with appropriate supporting documentation, and to submit the request to the department chair and program coordinator for review. Upon review of the documentation the chair/subject area coordinator will decide on its merit and will forward the decision to the STEP Office. With the approval of the chair/subject area coordinator, the chair/subject area coordinator and the STEP Office will work collaboratively to locate an appropriate placement. The program student teaching coordinator will arrange for supervision of the student.

<u>In the case of personal hardship, students living a distance from campus should not expect to be placed in their home district. Placement will be sought within thirty miles of the student's residence during student teaching</u>.

Instructions: Student should obtain a Student Teaching Personal Hardship Waiver Form from the STEP Office. Upon completion of the form, the student **<u>must</u>** meet with the Department Chair or Coordinator for advisement. The department Chair/Coordinator will notify the student of the decision and return this form to the STEP Office.

<u>Section I. Student completes</u>

<u>Student Name</u>   <u>GPA</u>   <u>Semester</u>   <u>Program Code/Dept.</u>
                                                                                           (If secondary indicate content area)

<u>Reason for Request </u>– (Be Specific)

<u>Section II. Department Chair/Coordinator's Recommendation</u>

_____   Recommendation to approve request.

_____   Recommendation to deny request.

REQUIRED SIGNATURES:

Student   _____   Date _____

Dept. Chair   _____   Date _____

Coordinator _____   Date _____

Director   _____   Date _____