

The College Of New Jersey
Support for Teacher Education Programs
Student Teaching Distance Waiver Form

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 parents' homes or permanent residences. Should students experience personal hardships such as a medical condition, unexpected family financial hardship, or family crisis that necessitates the need for a specific geographic location for student teaching (outside the 35-mile radius), students can complete this form.

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

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 residence during student teaching, but in the direction of The College.

Instructions: Upon completion of the form, the student will meet with the Department Chair/Program Coordinator, if required. The department chair/program coordinator will notify the student of the decision and return this form to the STEP Office.

Section I. Student completes

<u>Student Name</u>	<u>SS#</u>	<u>GPA</u>	<u>Semester</u>	<u>Program Code/Dept.</u> (If secondary indicate content area)
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Reason for Request – (Be Specific)

Section II. Department Chair/Coordinator's Recommendation

_____ Recommendation to approve request.

_____ Recommendation to deny request.

REQUIRED SIGNATURES:

Student _____ Date _____

Dept. Chair _____ Date _____

Coordinator _____ Date _____

Director _____ Date _____