

COLLEGE OF EDUCATION, WARRI



**POST-GRADUATE DIPLOMA IN EDUCATION
TEACHING PRACTICE PLACEMENT REQUEST FORM**

Name of Student:.....

Matric. No:

Level:.....

Subject Combination:.....

Name of School offering T.P. Position:.....

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Location of School:

.....

Name of Principal / Vice /Head Teacher:.....

Phone Number of Principal / Vice /Head Teacher:.....

Email of Principal / Vice /Head Teacher:

Signature of Principal / Vice /Head Teacher:Date:.....

.....
School Stamp

.....
Student GSM No

.....
Director, P.G.D.

.....
Signature and Date

*This Form should be made in triplicate: one copy for the Teaching Practice School, one copy for Teaching Practice Supervisor and the third for the Teaching Practice Committee