

COLLEGE OF EDUCATION, WARRI



POST-GRADUATE DIPLOMA IN EDUCATION TEACHING PRACTICE PLACEMENT REQUEST FORM

Name of Student:.....

Matric. No:.....

Level.....

Name of School offering TP Position:.....

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Location of School.....

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

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

.....
School Stamp

.....
Students GSM No

.....
Director, Delsu Unit

*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