

MINNESOTA STATE UNIVERSITY MOORHEAD

Field Experiences

Termination of Student Teaching/Practicum Appeal

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Dragon ID \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Cooperating Teacher \_\_\_\_\_ School \_\_\_\_\_

University Supervisor \_\_\_\_\_

Date of Removal from Student Teaching \_\_\_\_\_

Official Reason for Termination of Student Teaching or Practicum

---

---

---

Please state why you feel that you should be allowed to continue student teaching or practicum.

---

---

---

---

---

- \*Attach official documentation from the Field Experiences Office.
- \*Attach any further information you would like to have considered.
- \*Send this form and all attachments to Dean Walseth in Lommen 212.