Memorandum of Understanding for Field Placements

Gwinnett County Public Schools

Student Acknowledgment

I hereby acknowledge that I have read, understand, and agree to the terms and conditions outlined in Gwinnett County Public Schools' Memorandum of Understanding for Field Placements.

Student Signature_____Date_____

Printed Name_____

Placement is requested for: Semester _____ Year _____

Student Pre-Service Certificate ID _____