Eastern Connecticut State University
Education Unit
CARE (Committee for Admission and Retention in Education)

Request for Deferment for Coursework or Student Teaching by CARE Teacher Candidates

The following information is required from teacher candidates requesting a deferment:

Name: ________________________________________________________________

Current Mailing Address: __________________________________________________

Email: _______________________________ Phone:______________________

Student Status:   ____ Undergraduate   _____ Graduate

Certification program:

___Early Childhood Education   ____Secondary

___Elementary     ____Physical Education

Semester/year that the deferment is requested:  _____ Fall   ____ Spring    20____.

This would have been my __CORE I ___CORE II ___CORE III or ___student teaching semester.

Reason for request for deferment [Please attach supporting documentation (e.g., medical certificate, military orders).]:  __________________________________________________

______________________________________________________________________

______________________________________________________________________

I plan to return:  ______ Fall _______ Spring 20___.

Program Advisor’s Signature ______________________________________________

After you have consulted with your program advisor, please send this form (and any documentation to support your request for deferment) to the Chair of CARE, Education Department, Webb Hall, Room 124, Eastern Connecticut State University, Willimantic, Connecticut 06226. Please keep a copy of this form for your records.