**Field Supervisor Information**

**Intent to Provide Faculty Supervision for 2019 – 2020**

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| **Supervisor Name:** |  |
| **Address:** |  |
| **Home Phone:** |  |
| **Cell Phone:** |  |
| **Email address:** |  |
| **Closest town / city:** |  |
| **Division you are located:** |  |

|  |  |
| --- | --- |
| **I am able to supervise:** | **Indicate your order of Preference:** |
| **Fall Term I (Oct 15 to Nov 15, 2019)** | **Early Years** |
| **Spring Term II (Mar 9 to May 13, 2020)** | **Middle Years** |
|  | **Senior Years** |

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| **Indicate any specialty areas:** |
|  **French Speaking** |  **Senior Sciences/Math** |
|  **Art** |  **Senior English Language Arts/Social Studies** |
|  **Phys. Ed.** |  **Music** |

Please note receipt of this form, by Brandon University, does not constitute an expressed or implied contract or offer of employment.