

## MAS302: Confirmation of Placement

**Name of undergraduate:**

**Name of school:**

Please complete and return this form as soon as possible after you have visited the placement.

**Placement arrangements provisionally agreed** (give as many details you can)

Date of first tutoring session -

Time of week e.g. Wed p.m. -

Tutoring subject(s) -

Year(s) of pupils -

Name of class teacher -

Emergency contact telephone (school) -

Emergency contact telephone (student) -

**I confirm that I am willing and able to undertake the above placement for module MAS302.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_