

FIELD EXPERIENCE VERIFICATION FORM

SUBMIT in **Student Learning & Licensure (SL&L)** prior to exam week in your field experience course.

Note: The form must be signed, completely handwritten, and all information must be included.

STUDENT INFORMATION

NAME _____ STUDENT ID NUMBER 000 _____

EMAIL _____ PHONE _____

MAJOR _____ TERM _____ NUMBER OF COMPLETED FE DAYS _____

COURSE INFORMATION (Provide course(s) that require field experience)

Course CRN	Course Code	Title of Course

Assigned School Information (Provide all schools assigned & days completed on ONE form)

School System	School	Grade/Subject	Cooperating Teacher

Note: The signature of the cooperating teacher/s **verifies** the student completed the required amount of time in the classroom. Fall and Spring Semesters: Each day assigned equals **7 hours**, for example, 8:00 a.m. – 3:00 p.m.

Date	Time In	Time Out	Teacher's Signature