

Completed Field Experience Information

First Name:					E#			
Program o	f Study				_			
Please prov	ide the informa	ntion for the f		ence hours you	urs have completed.			
College	Semester/ Year	Course #	Course Name	Instructor	Placement District/School	Teacher/Grade or Subject Area	# of hours	
Please prov	ide the informa	ation for the f		-Learning Ho	urs have completed.			
College	Semester/ Year	Course #	Course Name	Instructor	Placement District/School	Teacher/Grade or Subject Area	# of hours	
Total Field	-	Additio	onal Hours/	/Volunteer Ho	urs (optional) and Service Lear			
Year Name of		f School or Business		Location	(City, State)	# of hours completed		
By signing be		ledge that the	information p	provided by you o	on the above form is t	true and correct to		

^{*}If experiences exceed the space provided, please include additional experiences on a separate sheet. Revised 9/2023