



Completed Field Experience Information

First Name: _____ **E#** _____

Program of Study _____

Field Experience Hours

Please provide the information for the field experience hours you have completed.

College	Semester/ Year	Course #	Course Name	Instructor	Placement District/School	Teacher/Grade or Subject Area	# of hours

Service-Learning Hours

Please provide the information for the field experience hours you have completed.

College	Semester/ Year	Course #	Course Name	Instructor	Placement District/School	Teacher/Grade or Subject Area	# of hours

Total Field Experience/Service-Learning Hours Completed: _____

Additional Hours/Volunteer Hours (optional)
(Completed outside of Field Experience and Service Learning)

Year	Name of School or Business	Location (City, State)	# of hours completed

Total Additional/Volunteer Hours: _____

By signing below, you acknowledge that the information provided by you on the above form is true and correct to the best of your knowledge.

Signature: _____

Date: _____

*If experiences exceed the space provided, please include additional experiences on a separate sheet.