



## 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: \_\_\_\_\_