MARQUETTE UNIVERSITY
COLLEGE OF EDUCATION

FIELD EXPERIENCE VERIFICATION FORM

NAME: _____ DATE:_____

Field experience hours for _____ will be documented on this form.
Course Number

A minimum total of _____ hours need to be documented on this form to satisfy the requirements set forth by Marquette University and the Department of Public Instruction.

DATE	NUMBER OF HOURS	COOPERATING TEACHER SIGNATURE

This is to verify that the above named student successfully completed _____ field experience hours in my classroom this semester. (hours)

_____ _____ _____
Cooperating Teacher Signature **School** **Date**