



COLLEGE OF EDUCATION  
|  
MASTER OF ARTS IN TEACHING

**REQUEST FOR EXEMPTION FROM FIELD EXPERIENCE  
BASED ON EQUIVALENT EXPERIENCE**

Name \_\_\_\_\_ L-number \_\_\_\_\_

I respectfully request exemption,  with credit or  without credit, from the following:

- ED560 Student Teaching (minimum 125 hours full-time teaching) \_\_\_\_\_ of 6 credits  
\_\_\_\_\_ of 15 weeks

Indicate grade level(s) of experience: \_\_\_\_\_

This request is based on the successful equivalent experience described below. **Attach verification.**

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\_\_\_\_\_  
(Student)

\_\_\_\_\_  
Date

Approved

\_\_\_\_\_  
(Dean, College of Education)

\_\_\_\_\_  
Date

Approved

\_\_\_\_\_  
(Coordinator of Clinical Experience)

\_\_\_\_\_  
Date

Recorded by \_\_\_\_\_  
(Registrar)

\_\_\_\_\_  
Date