

**AUGUSTA UNIVERSITY
COLLEGE OF EDUCATION**

**Field Experience Documentation for
EDUC 2110/2120/2130 Students
Employed in the School System**

Name: _____ **Student ID Number** _____

Date: _____ **E-Mail:** _____

Course(s): _____ **Professor(s):** _____

School Where Employed: _____

Position: **Teacher** _____ **Paraprofessional** _____

Grade Level: _____ **Content Areas** (if Middle Grades or Secondary): _____

Principal's Approval: I certify that the person named above is employed either full-time or part-time in a classroom in my school. I understand that if any problems arise, I need to immediately contact Augusta University's Department of Teaching & Leading Field Experience Coordinator.

Principal's Signature

Date

Teacher Candidate's Approval: I attest that this information is true and accurate. I also understand that if for any reason my employment is changed or terminated, it is my responsibility to inform the Field Experience Coordinator immediately.

AU Student's Signature

Date

**Return this form to:
Field Experience Coordinator
Department of Teaching & Leading
3rd floor - University Hall**