

AUGUSTA STATE UNIVERSITY
COLLEGE OF EDUCATION
Department of Educational Leadership, Counseling, and Special Education
FIELD EXPERIENCE PLACEMENT WAIVER

For use with Georgia or South Carolina public schools.

Name: _____ Student ID#: _____

Course Number and Name: _____

Instructor: _____ Semester/Year: _____

School where employed: _____

Principal's Name _____

Principal's Approval:

I certify that the person named above is

a full-time teacher or paraprofessional in my school with a contract extending through

(month, year)

OR

a substitute teacher or part-time employee and will perform his/her field experiences
during the times of _____ *on* _____ *of each week*
(time of day) (day of week)
with _____ *as the supervising teacher.*
(name of teacher)

Principal's Signature

Date

Incomplete forms will not be processed.
