

AUGUSTA STATE UNIVERSITY
COLLEGE OF EDUCATION

FIELD EXPERIENCE PLACEMENT WAIVER

Name: _____ 927# _____

Course Number and Name: _____

Instructor: _____ Semester/Year: _____

Place of employment: _____

Principal's Name _____

Supervisor'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*
with _____ *as the supervising teacher.*
(name of teacher)

OR

- employment not listed above

Describe setting and responsibilities: _____

Supervisor's Signature

Date