

**Augusta State University**  
**Department of Teacher Education**  
**Life Credit for Field Experiences**

The requirement of 300 hours of field experience can be partially satisfied by the following:

- A maximum of 150 hours of credit for prior experience can be awarded
- Verification is needed for all hours sought
- Experiences must involve working with individuals who are in Pre-K through twelfth grade
- 80% of field hours must be in certification field
- Experiences must have occurred within the last 5 years
- Experiences will be evaluated by the departmental committee

If you are seeking credit, please complete this page and attach page 2 documentation for each experience listed below:

Student Name: \_\_\_\_\_ 927# \_\_\_\_\_

Email: \_\_\_\_\_@aug.edu Program: ECE MG SEC P12 SPED

Number of hours sought \_\_\_\_\_ (not to exceed 150 for all Life Credit combined)

1. Experience \_\_\_\_\_

Dates \_\_\_\_\_ hours spent \_\_\_\_\_

2. Experience \_\_\_\_\_

Dates \_\_\_\_\_ hours spent \_\_\_\_\_

3. Experience \_\_\_\_\_

Dates \_\_\_\_\_ hours spent \_\_\_\_\_

By signing below I am certifying that the information I have provided is correct to the best of my knowledge. I understand that if the information is not correct I can be withdrawn from the program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by committee:

Hours sought: \_\_\_\_\_ Hours Awarded: \_\_\_\_\_ Comments: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Page1 of 2 (Submit both pages together by placing in Mrs. Beatty's box in the Teacher Ed Suite)

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**Life Credit for Field Experience Verification form:**

Name: \_\_\_\_\_ 927# \_\_\_\_\_

Email: \_\_\_\_\_

Program: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Location of experience: \_\_\_\_\_

Describe your responsibility during the experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age of students: \_\_\_\_\_ Content Areas: \_\_\_\_\_

***Supervisor's Approval:*** *I certify that the person named above completed the described experience and I was their direct supervisor.*

\_\_\_\_\_  
Supervisor's Signature/Phone #/ email/Date

***Student's Approval:*** *I understand that I am responsible for returning this completed form to ASU's Department of Teacher Education. I certify that all the information contained in this form is accurate to the best of my knowledge. I understand that if the information is not correct I can be withdrawn from the program. I further understand it is the sole decision of the Department of Teacher Education whether or not to award credit for the above experience.*

\_\_\_\_\_  
ASU Student's Signature/Date

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Experiences in the student's content area will be given greater weight.

**Examples of Approved Experiences Include:**

- Substitute teaching
- Teaching Assistant/Para Professional
- Supervised or Community Sponsored Tutoring (Ex. Literacy Center, Boys & Girls Club, etc.)
- Prior teaching experience
- After school programs
- Summer school teaching
- Military Instructor
- Camp Counselor

If in doubt about the appropriateness of your experience, contact Cindy Beatty at [cbeatty@aug.edu](mailto:cbeatty@aug.edu)