

West Liberty University
Teacher Education Unit

Field Experience Petition Form

Student Name _____ ID Number _____

Permanent Address _____

Cell Phone _____

Education Course Requested for Field Replacement:

Course Number _____

Course Name _____

Requested School/Field Experience Substitution:

Date(s) of Attendance and Participation in School/Field Experience:

Explanation & Details of School/Field Experience

Verification of School/Field Experience

Principal/Administrator Signature:

**International student travel experiences with the International Center for Excellence in Education (ICEE) are eligible for the following field waivers:*

Education 100 (Intro. To Professional Education)	12 hours
Education 207 (Foundations of Education)	30 hours multi-cultural
Education 301 (Educational Psychology)	30 hours general education