

Field Experience Verification Form

Credential Program:	□ Multiple Subject	□ Single Subject	☐ Education Specialist	
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Name.		1 none.		
All students applying to	the full credential program	at CSU Channel Islands	must complete this form.	
2. Ask your	. Answer items A, B, and C Ask your supervisor or other appropriate person sign and verify information (item D) Submit form with program application to Credential Services.			
volunteer experiences are	hours of participation with acceptable. The experience/snce prerequisite course. One	s can take place in both pul	_	
A. Location of Field Exp	erience:			
B. Type of Experience (p	lease check one):			
☐ Para-educator/Assistant/Volunteer		□ Sunday Sc	☐ Sunday School Teacher or Aide	
☐ After School Program Aide/Volunteer		□ Camp Counselor		
☐ Substitute Teacher		☐ Boy Scout	■ Boy Scout/Girl Scout/YMCA Volunteer	
□ Other:				
C. Please explain your ex	perience: Attach a sheet if	necessary.		
	_	<u> </u>		
D. Supervisor's Verificat	ion:			
Supervisor's Name Superv		or's Signature	# of hours completed	
Position/Title	 Institution	n	Date	