

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

P-3 Alternate Route Clinical Experience

Instructions: Please type requested information within each cell. Once completed, print and return to the Office of Field Experiences no later than two weeks before the start of the semester.

First Name:

Last Name:

855#

WP e-mail

Home Phone

Cell Phone

School District Where You Are the Teacher of Record

School Where You Are Teacher of Record

School Address (Street, City, State)

Semester Beginning Clinical Experience CIEC 5025 (Fall or Spring and Year)

Semester Beginning Clinical Experience CIEC 5026 (Fall or Spring and Year)

P-3 Alt Route Program Director: _____

Signature: _____ Date: _____

Comments/Notes: