

# Transfer Field Experience Hours



**Submit to:** Kristie Williams, College of Education, Assessment Office, 100 Ginger Hall, Morehead State University, Morehead, KY, 40351

Student Name \_\_\_\_\_ MSU ID Number: \_\_\_\_\_ Student email: \_\_\_\_\_

Transfer Institution: \_\_\_\_\_ Certification Program: \_\_\_\_\_

Please use one line per placement.

**Incomplete information will not be accepted.**

Nature of Experience  
*Check all that apply*

Course Title and Number	MSU Transfer Equivalent	Total Field Hours	Term & Year (ex. Fall 2013)	Validation (Select one)		District, School & Teacher (where field hours took place)	Grade Level	English Learners	Students w/ disabilities	Family/Youth Serv. Center	Interactions with Family	School Board	Site-Based Council	PLC	Tutoring	Assist. School Personnel	Socioeconomic Groups Select One	Racial/Ethnic Minorities (Please write in)
				Signature and email address of institutional representative or course instructor	Syllabus													
					<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	
					<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	
					<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	
					<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	
					<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	

\*Alternative evidence must be attached and include the required number of field hours.  
No credit will be awarded for any hours beyond the listed amount

\*\*Explanation of "Other" activities checked above:

I affirm that the above information reflects an accurate record of my field experience completed at an institution other than Morehead State University. Further I understand that any misrepresentation on this form or supporting documents will be regarded as a serious ethical violation and will result in my immediate removal from the teacher education program at Morehead State University.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_