



**Eastern Gateway Community College
Teacher Education Program**

Field Experience/Observation Hours Approval Form

Course: _____ **Instructor:** _____

A. Student's Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **E-Mail** _____

B. I have agreed to participate in the planned field experience at the following school.

School's Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone # _____

Cooperating Teacher (or *site instructor*) name (print)

Cooperating Teacher email address

Cooperating Teacher phone number

Principal's Name (Print) _____

Principal's Signature _____

Principal's Email Address _____

C. I will comply with all regulations that are stipulated by the school district where I will be conducting my planned field experience as well as the rules and regulations established by Eastern Gateway Community College.

Student Signature

Date