UTICA COLLEGE TEACHER EDUCATION PROGRAM
Request for Fieldwork Reduction

NAME_____   EMAIL_____

PHONE_____   MAJOR_____

Area of Certification_____

Please complete both sides of this form. List all education courses in which you have completed fieldwork. Fill in all information requested for each education course. When complete, return this form to the education office.

COURSE #	COURSE TITLE	SEMESTER/ YEAR	GRADE EARNED	SCHOOL(S)	# HRS
				TOTAL (high need):	
				TOTAL (other):	
				GRAND TOTAL:	

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Total hours in high need schools =

Grand total of all fieldwork hours =

I verify that the above information is accurate and true.

_____   _____
Student's signature   **Date**

_____Approved   **Reason for denial:**

_____Denied

_____   _____
Fieldwork Coordinator   **Date**