

Pre Professional Experience Form Single Subject Credential Program San Jose State University

Name _____ SJSU ID: _____
Last First MI.

1. In the space below, list the course(s) you have taken, if any, which may satisfy the pre-professional experience requirement (45 hours in a public secondary school classroom).

Course #	Course Title	Institution	When Taken	Grade

2. Describe the position(s) you held or service you provided (e.g., teacher's aide, substitute, observer) in which you were required to observe/work with students in a public secondary school classroom. This experience can be documented by having the person who supervised your observations/work (1) sign below under **Supervisor Verification** or (2) send a letter of verification to Chair of Secondary Education, College of Education, San Jose State University, San Jose, CA, 95192-0077.

Title of Position	Institution or Organization	Responsibilities or Duties	Dates

Supervisor Verification: I (print name) _____ verify that the above named applicant to the SJSU Single Subject Credential Program served in an instructional/aide or observation capacity in a regular public secondary school classroom for a minimum of forty-five hours from (dates) _____ to _____ at (institution) _____.

Supervisor Signature _____ Date _____

Position _____ Telephone _____

To the best of my knowledge, the above information is accurate.

 Applicant Signature Date