



DECLARATION OF COMPLETION

Last Name _____ Student ID # _____

First Name _____

For the purposes of licensure, I declare that I have completed the required coursework and following field experience: (Check one)

Student Teaching

Practicum

Internship at:

_____ **School District(s)**

_____ **Building(s)**

_____ **Licensure Field(s)** (Special Education Students: See additional requirement below*)

_____ **Specific Grade Level(s) Taught**

From _____ **To** _____
(Month, Day, Year) (Month, Day, Year)

_____ **Printed Supervisor Name(s)**

_____ **Telephone**

_____ **Applicant Signature**

_____ **Date**

*** Special Education Students:** Students adding graduate special education licenses must attach their record sheet from their field placement showing hours completed and categories worked with.

When completed and signed, return this document to the Office of Certification, McCaskill 102, University of Wisconsin-Superior, PO Box 2000, Superior WI 54880-4500: (715) 394-8295 (Voice) Fax: Certification/Education Offices (715) 394-8146