Eastern Connecticut State University Education Unit CARE (Committee for Admission and Retention in Education)

Clinical Experiences Waiver Form

University Policy: Any course waiver must be approved by the Chair of the Department in which a student is a major. Any such approval must be filed in writing with the Registrar's Office.

Teacher candidate:			Eastern ID:
Eastern Email	Certification Program		Intended Graduation Date
Requests a waiver* for the	following clinical ex	perience:	
Subject/Course/Title *Only one clinical experience may be waived in the		Credit Hours	
Criteria and documentation	n required for waiv	er (attach to this form)	:

- 1. Formal statement from the teacher candidate describing the equivalent clinical or work experience and outlining specific responsibilities and classroom duties fulfilled;
 - For ECE, please include details of the age and demographic characteristics of students and the school/center setting
- 2. Documentation from a school official (on letterhead):
 - Attesting to at least one semester of full time experience (minimum of 45 hours) at the age level of the clinical experience being waived (ECE 514: preschool/kindergarten, ages 3 to 5 years; ECE 516: primary years, first to third grade), including dates, name of supervisor or administrator, and the name and address of the center or school. Only prior experiences within the last three years will be considered; and
 - b. A brief statement about the teacher candidate's role in this experience and specific classroom duties performed, including their ability to plan and teach lessons, monitor student progress, and maintain professionalism.

This waiver must be approved by CARE at least one semester before student teaching

Candidate:	Signature:	Date:
Advisor:	Signature:	Date:
CARE Chair:	Signature:	Date:
Dept. Chair:	Signature:	Date:

Submit this form to your certification program advisor who will forward it to CARE for approval.

cc: Registrar's Office Dean's Office Applicant's CARE file Applicant