

## Verification of Successful Completion of Student Teaching Experience

\_\_\_\_\_ has successfully completed \_\_\_\_\_'s  
Name Institution  
required student teaching experience on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  
Completion Date

\_\_\_\_\_  
Signature of Authorized Institution Official Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

\*\*Completed form must be submitted (mail/fax/electronically) to county or counties of interest for candidate to be eligible to substitute teach under the Student Teaching Permit.