

COLLEGE OF EDUCATION

Fieldwork Partnership Program Credit Requisition Form

Date: _____ **Social Security Number:** _____

Name: _____

Home Address: _____
Street City State ZIP

Home Phone: _____

School District: _____

Name of School: _____

Are you currently enrolled at SVSU? Yes _____ No _____

SVSU course being requested: _____
Course Name

_____ Course Number Credit Hours Semester

Number of credits your school district granted you: _____ (This must be filled in before submitting to SVSU.)

Signature of Superintendent or Authorized Person Date _____

Signature of Education Association President Date _____

Credits are restricted for **TUITION ONLY (fees are not covered)**. Please complete this application, secure all signatures, and return it to the Office of Clinical Experiences.