

Deadlines: Spring, Summer and Fall terms, May 1

Winter term, Nov. 15



Office of Clinical Experiences  
7400 Bay Road  
University Center, MI 48710  
(989) 964-7109

## 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.