

**Supplemental Education Experience
Verification Form**

It is the teacher candidate's responsibility to complete all information with the exception of the signature at the bottom of form.

Teacher Candidate Name	
CWID (for example W12345678)	
Candidate Winthrop Email	
Teacher Education Program	

Circle or highlight the requested category (must choose one). See examples and description at www.winthrop.edu/coe/sas/see.aspx.

<i>Diverse Students</i>	<i>Critical Incidences</i>	<i>Professional</i>
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Event Information

Event Title	
Event Sponsor	
Event Speaker or Interviewer	
Location of Event	
Date of Event	
Start and Ending Time of Event*	

* With the exception of a mock interview the minimum time should be 1 hour. Candidates can combine multiple sessions at a conference to meet this requirement. Complete a separate form for each sessions and submit as a packet.

Candidate Statement

By signing and dating this form, I verify that I attended the entire event as described above and understand that my attendance may be checked with the sponsor.

Student Signature

Date

Sponsor/Host/Speaker Verification

By signing and dating this form, I verify that the Winthrop University teacher candidate named above attended the entire event as described. I recognize I may be contacted by email (please provide) to verify my signature. In lieu of signature, event program can be submitted.

Sponsor/Host/Speaker Signature

Date

