

40 Hours Documentation Form: Teaching Credential Programs

This is not a confidential statement.

Please type or print in ink.

APPLICANT: Please complete this section.

Applicant's last name

first name

middle name

Program and credential sought

SUPERVISOR: Please complete this section.

The student named above has applied for admission to a teaching credential program at Mills College. We would appreciate your verification that s/he has worked under your supervision in a classroom or classroom-like setting with culturally and/or linguistically diverse children or youth.

Name: _____

Title: _____

Organization/Program/School: _____

Professional address: _____

Phone: (_____) _____ Email Address: _____

I certify that the applicant named above worked in the following program/organization/school:

Approximate number of hours: _____

During the period of time between _____ and _____

Brief description of role and responsibilities: _____

Signature: _____ Date: _____

Return to: Office of Graduate Admission, Mills College, 5000 MacArthur Blvd., Oakland, CA 94613