Supplemental Education Experience Request for External Experience

Submit completed form to the RWR College of Education Student Academic Services office in 144 Withers. Submission is required no later than 20 business days after event.

Teacher Candidate Name		
CWID (for example W12345678)		
Candidate Winthrop Email		
Teacher Education Program		
Circle or highlight the requested cat www.winthrop.edu/coe/sas/see.asp	egory (must choose one). See examples an \underline{x} .	d description at
Diverse Students	Critical Incidences	Professional
Event Information		
Event Title		
Event Sponsor		
Event Speaker or Interviewer		
Location of Event		
Date of Event		
Start and Ending Time of Event*		
*	v the minimum time should be 1 hour. Candida omplete a separate form for each sessions and s	· · · · · · · · · · · · · · · · · · ·
 A statement of what you gain 	out the event that includes: be what was provided by the sponsor if avained by attendance. [100-200 words] and will impact your work as an educator. [50	
coesas@winthrop.edu.		•
Candidate Statement		
	ubmitting to Student Academic Services, I was attendance may be checked with the	
Teacher Candidate Signature		Date