



College of Education

Department of Curriculum and Instruction

Office of Professional Laboratory Experiences

Dr. Patricia P. Johnson, Director

G#: _____

Date: ____/____/____

**FIELD EXPERIENCE INQUIRY
(PRINT)**

Last Name: _____ First Name: _____

Phone#: (____) _____ - _____ GSU Email: _____

Circle All Courses Completed Requiring Field Experience:

	Ofc. Use		Ofc. Use		Ofc. Use		Ofc. Use		Ofc. Use
ED 162		ED 216		ED 312		ED 326		ED 432	
ED 200		ED 217		ED 313		ED 328		ED 437	
ED 202		ED 300		ED 316		ED 330		ED 438	
ED 204		ED 301		ED 317		ED 331		ED 442	
ED 205		ED 302		ED 319		ED 332		ED 450	
ED 206		ED 303		ED 322		ED 333		ED 452	
ED 207		ED 304		ED 324		ED 334		ED 453	
ED 215		ED 305		ED 325		ED 402		ED 456	
OTHER:						ED 431		ED 470	

Submit form with unofficial transcript to The Office of Professional Laboratory Experiences. Data will be emailed within **5 BUSINESS** days from receipt (ople@gram.edu). Some of the courses listed above may no longer be offered. Thank you.

OFFICE USE ONLY

Date Rec'd ____/____/____

of hours completed _____ as of ____/____/____

Signature of Representative _____

140 hours needed for Residency I (Advanced Seminar) 180 hours needed for Residency II (Student Teaching)

Comments _____

Producing knowledgeable, skilled, and compassionate educators and other school professionals

"Where everybody is somebody"

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