
**VERIFICATION AND ACKNOWLEDGEMENT OF HAVING READ
THE PENNWEST UNIVERSITY COLLEGE OF EDUCATION
CLINICAL EXPERIENCE MANUAL**

1. This is to verify that I have read the PennWest University College of Education Clinical Experience Manual available on the *Teacher Candidate Resources* D2L page.
2. I acknowledge that I will be held responsible for **all policies** and **requirements** noted in the Clinical Experience Manual.
3. I understand that submission of this signed form to the Office of Clinical Experience is a requirement before beginning student teaching.

Name (print): _____

Signature: _____

Date: _____