

PROOF OF TEACHING PRACTICE HOURS

TO BE FILLED OUT BY THE INSTITUTION OR ORGANIZATION YOU WORKED FOR

This is to confirm that _____
has completed the compulsory number of hours of teaching
practice in the subject(s) _____
while working with _____ as outlined below:
Institution or organization

FROM Month/Year	TO Month/Year	NUMBER of hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

		TOTAL

I, _____ serving in the capacity of
_____, attest that this statement
is true and accurate to the best of my knowledge.

Signature

Date