

**POST-SECONDARY EDUCATION PROGRAM**  
Application for Waiver of Practicum in Adult and Post-Secondary Education – Education 4735

Name : \_\_\_\_\_ MUN #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

**Teaching experience**

School or College	Principal/President	Date teaching started	Date teaching finished	Teaching area	Years & months of teaching experience

**Waiver guidelines as per the MUN Calendar**

Students who have at least one year of teaching experience and who produce written reports from their Principal or other appropriate authority to the Office of Academic Programs certifying the quality of their experience, may be excused from Education 4735. Students who are excused from taking the student teaching course must substitute in its place Ed 2900 or an appropriate course in Education designated Adult or Post-Secondary to make up the required total for the degree.

**Reference(s) to attest to the length and quality of my teaching experience will be forwarded by:**

1. \_\_\_\_\_  

	<b>Name</b>	<b>Position/College</b>	<b>Telephone</b>	<b>E-mail</b>
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2. \_\_\_\_\_  

	<b>Name</b>	<b>Position/College</b>	<b>Telephone</b>	<b>E-mail</b>
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**Signature of Applicant** **Date**

*Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used for the purpose of processing your application for the waiver of the practicum in Adult and Post-Secondary –Education 4735 and for administrative purposes. If you have any questions concerning the collection and use of this personal information, please contact our office at (709) 864-7554.*

- NOTE:** 1. This application can only be considered when a student has been admitted into a Post-Secondary Education Program.  
 2. Please send this form, and have supporting reference(s) sent to:

**Office of Academic Programs**  
**Faculty of Education**  
**Memorial University of Newfoundland**  
**St. John's, NL A1B 3X8**  
**Fax #: 864-2001 E-mail: [muneduc@mun.ca](mailto:muneduc@mun.ca)**