



UNIVERSITY
of HAWAII®
MĀNOA

GROUP LEADERSHIP CERTIFICATION FORM (FIELD EXPERIENCE)

Applicants to the University of Hawai'i at Mānoa (UHM) College of Education (COE) teacher licensure programs (elementary and secondary) are required to have supervised group leadership field experiences that are deemed appropriate by the COE Office of Student Academic Services. This field experience is normally completed prior to formal admission into the teacher education program. The objectives of this requirement are: (1) to validate the applicant's choice of education major; (2) to develop and enhance the applicant's self-confidence in working effectively with his/her target audience.

INSTRUCTIONS: Please type or print legibly when completing this form. If you have any questions, please call (808) 956-7915 or (808) 956-7849.

Please FAX this completed form to: (808) 956-4271; or mail to: College of Education
Office of Student Academic Services
1776 University Avenue
Everly Hall, Room 126
Honolulu, HI 96822

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

Date: _____

Name: _____ Phone: _____
Last, First, M.I.

Address: _____

Grade Level for Which You Are Applying: _____

I hereby certify that the information submitted for this application is complete and correct. I recognize that any intentional misrepresentation may be grounds for non-admittance or disenrollment from the College of Education. I authorize the University of Hawai'i College of Education to obtain information from any individual listed on this form or any other documents related to my application and waive the right to hold liable those persons from providing any requested information. It is understood that such information is to be held confidential.

Applicant's Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE SUPERVISOR

This is to verify that _____ has satisfactorily completed a group leadership field experience with a group of children/youth ages _____ for a total of _____ contact hours. The activities and responsibilities of the applicant's experience are described below.

PLEASE DESCRIBE RESPONSIBILITIES/GROUP ACTIVITIES CONDUCTED BY THE APPLICANT:

Date of Services: _____

Supervisor's Name (print): _____ Title: _____

Supervisor's Signature: _____ Date: _____

Name of Organization: _____ Phone: _____

Address: _____
