

One University Circle • Turlock, California 95382 LIBS Dept: (209) 667-3749 • Email: liberalstudies@csustan.edu

LIBERAL STUDIES School Site Declaration Form

PLEASE PRIN Name of Student:				Student ID:			
Student Address:				City:		Zip:	
Phone: ()			Email:				
LIBS Course: □LII	BS 1000 □LIBS 10	010 □LIBS 2000	□LIBS 2010	□LIBS 3200	Instructor:		
Student/Teacher fil	l out completely						
Site Mentor Teacher		Site Ment	or Teacher Ema	il:			
School Site:	Full name of school	Grade/Age/Placeme					
School Address:	Street	City	State	Schoo	l District:		
Attendance Record:	: Number of hours observed/tutored per week: From (month) To (month)						
during the se The classro There is a cuthe hours or	mester. om has 25% or mo redentialed classro n the observation l	re language diversi nom teacher who wo og. niversity student to m	ty. orks directly v	vith the unive	ersity student a	s a supervisor and	l will verify
Student Signat			Date:				
Teacher Signature:					Date:		
Site Supervisor Signature:					Date:		
	For Instructor's Use	<u>Only</u>					
TB Test (Negative) Cleared: ☐ Yes ☐ No							
	, - ,	pt Received and Cleared	by CSUS Public	Safety: 🖵 Yes	□ No		
	Instructor's signature a	and/or initials:		Date: _			
	(Signatures ve	erify that all above inform	ation in this docur	nent is in complia	ance with course req	uirements)	