

**Note to applicant:** It is the responsibility of individual applicants to have their confirmation of teaching practicum forwarded to WES. Please complete parts 1 and 2 of this form and submit it to the registrar, controller of examinations, or other authorized official at the academic institution where you obtained your degree. *Please note that some offices or institutions may charge a fee for this service.*

<b>Part 1</b>				WES Reference # (required):	
Last/Family Name:			First/Given Name:		
Previous/Maiden Name (if applicable):			Date of Birth: (dd/mm/yyyy):		
Current Address:			City:		
State/Province:	Country:	Postal Code:	Email:		

<b>Part 2</b>		Institution Name:		Dates Attended: From: _____ To: _____ <small>(mm/yyyy) (mm/yyyy)</small>	
Degree Name (if applicable):		Year of Award (if applicable):		Major:	
Student ID or Roll Number at sending institution (if applicable):					

I hereby authorize the release of my academic records and information to World Education Services.

Applicant's Signature: \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

**Note to authorized official:** The above-named person seeks to have their teaching practicum evaluated and requests that a confirmation be forwarded to World Education Services. Please complete this form and return it directly to World Education Services at one of the addresses below.

<b>CONFIRMATION OF TEACHING PRACTICUM</b>					
Name of school(s):					
Grade(s) taught (if available):		Subject(s) taught (if available):		Language of instruction during the practicum:	
<input type="checkbox"/> Full-time practicum duration (choose one): _____ Weeks _____ Hours _____ Days			<input type="checkbox"/> Part-time practicum duration (choose one): _____ Total Teaching Hours _____ Full Teaching Days		
1. Was the practicum experience(s) observed, reviewed, and assessed by one or more mentor teachers from the school? Yes <input type="checkbox"/> No <input type="checkbox"/>					
2. Was the practicum experience(s) observed, reviewed, and assessed by one or more faculty member or supervisor from your institution? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Additional comments about the practicum (optional):					
Name of official completing form:			Title:		
Address:				City:	
Province/Region/State:		Country:		Postal Code:	
Telephone:			Fax:		
Email:			URL: www. _____		
Signature:			Date (dd/mm/yyyy):		<i>Seal</i>

**By Postal Mail**  
 WES Reference No. \_\_\_\_\_  
 WES Global Documentation Centre  
 PO BOX 2008 STN MAIN  
 Newmarket ON, L3Y0G5  
 Canada

**By Express Courier**  
 WES Reference No. \_\_\_\_\_  
 WES Global Documentation Centre  
 14 - 145 Industrial Pkwy South  
 Aurora ON, L4G 3V5  
 Canada