

UNIVERSITY OF PITTSBURGH  
**SCHOOL OF EDUCATION**

**Documentation of 30 hours of Education Related Experience**

*\*If 30 hours were completed in multiple activities, please complete a separate form for each*

_____	_____	_____
First Name	Last Name	Program Applied To

Name of organization, school or activity in which hours were obtained:

\_\_\_\_\_

Brief description of services performed, including subject areas, and age/grade levels of students:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of hours obtained, and dates completed:

\_\_\_\_\_

Supervisor, teacher, or activity leader verification of activities performed:

_____	_____
Supervisor Signature	Date
_____	_____
Title	Supervisor Phone Number