

WEBER STATE UNIVERSITY

Jerry and Vickie Moyes
 College of Education
 1304 University Circle – Ogden, Utah 84408-1304
 801(626-6622

RECIPROCITY REQUEST

1(a) Student Name _____ ID# _____
 Mailing Address _____ Local Phone: _____
 _____ Home Phone: _____

1(b) **Home Institution** Weber State University
 1304 University Circle
 Ogden, Utah 84408-1304

Contact Person
 Ana Eldredge, Coordinator
 Office of Student Teaching
anaeldredge@weber.edu or 801-626-6622

- 1(c) Reciprocity Policy for Clinical Practice
1. A student who is in good standing at Weber State University and who has met all eligibility requirements for clinical practice set by the Jerry and Vickie Moyes College of Education (the home institution) may request placement for and supervision of the experience at another institution (the host institution).
 2. The student must register for the appropriate experience Weber State University following the usual registration procedures.
 3. The student will pay all regular tuition and required fees to Weber State University. A reciprocity fee may be required by the host institution. Such fee must be paid by the student to the host institution as required.
 4. All criteria for successful completion of student teaching, all report forms, and all guidelines required/established by the Weber State University College will be sent to the host institution.
 5. All policies of the host institution, as well as all policies of the home institution, including the Honor system and the Student Code of Conduct apply to any reciprocity student.
 6. The home institution will be notified, in writing, of any problems associated with the teacher candidate's placement or with his/her performance and or/conduct.
 7. If a reciprocity student decides to withdraw from student teaching, such procedures as established by the home institution must be followed. The reciprocity student must also notify the appropriate personnel of the host institution.

Placement Request	County/School System	School	Grade Level	Host Institution

1(d) I understand the reciprocity policy stated above, and I request permission for placement and supervision during the _____ semester _____ year.

_____ Student's Signature _____ Date

Section II: Approval (to be completed by the Jerry and Vickie Moyce College of Education of Weber State University. This student has approval to request supervision of the clinical practice experience through a reciprocity agreement with the host institution named above. He/She meets all requirements for eligibility as outlined by Weber State University; Jerry and Vickie Moyes College of Education

_____ Advisor's Signature _____ Date

Section III: Acceptance. (To be completed by the Host Institution) The Department of Teacher Education of _____ accepts _____ as a reciprocity student for supervision of the Clinical Practice experience _____ reserves the right to request consultation with Weber State University in the event of any problems (s) associated with the placement and to terminate the experience if necessary.

_____ Title and Designated Official/Host Institution Signature _____ Date