# TROY UNIVERSITY COLLEGE OF EDUCATION TROY CANDIDATE CLINICAL PRACTICE HANDBOOK AGREEMENT SHEET

As part of the course requirements for clinical practice, the College of Education *Professional Clinical Practice Handbook* must be read. Teacher candidates are responsible for the information contained within this handbook.

Please sign and date this form as acknowledgement that you have read and understand the policies and requirements for teacher candidateship contained in the College of Education *Professional Clinical Practice Handbook*. Your signature indicates you understand it is your responsibility to inform the Campus Coordinator for Teacher Education of any factor(s) that may impact your ability to successfully compete ALL requirements of the clinical practice.

Failure to adhere to the policies and procedures will result in termination of your clinical practice assignment.

Troy Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Troy Candidate ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Troy Candidate’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_