**Classroom-Based Experience Approval and Verification Form**  
Department of Applied Linguistics & ESL

**Graduate Students:** Please follow these steps to have the required approval and verification of your CBE experience. You cannot graduate until you have completed the CBE.

Step 1. Talk with your academic adviser to negotiate your CBE. Before you begin the activity, you must have your adviser's signature on this form. Fill in as much as possible of the form during your discussion with your adviser. Your adviser will place one copy of the form in your AL/ESL departmental file and give you one copy for your own records.

Step 2. Carry out the CBE activity.

Step 3. Complete the CBE Approval and Verification form, and have your CBE supervisor sign it to provide documentation that you completed the experience.

Step 4. Return the signed CBE Approval and Verification form to your adviser. Be sure to get a copy for your records.

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**Adviser's Approval**

I approve this classroom-based experience for ________________________________.

______________________________________
Name of AL/ESL Academic Adviser

______________________________________         ___________
Signature of AL/ESL Academic Adviser                                Date

**Description of CBE Activity**

1. Location of CBE experience (name of institution or organization):
   ____________________________________________

2. Type of CBE activity: ________________________________

3. Skill area(s) worked with and/or taught:
   ____________________________________________
4. Number of hours in the classroom: ____________________

5. Types of students (pre-academic, academic, vocational):
   ___________________________________

6. Proficiency level(s) of students (low, intermediate, high):
   ___________________________________

7. Number of students in the class: ______________

8. Other information:
   _______________________________________________________________________

I verify that the above information is correct.

_______________________________________           ___________________
CBE Supervisor's Name and Title                  Date

_______________________________________
CBE Supervisor's Signature