

NON-INSTITUTE OF HIGHER EDUCATION (IHE) ACTIVITY FORM

Level II Candidate

Date of Activity

Title of Activity

Time of Activity (start and finish)

Unit Equivalence
(15 contact hours = 1 university credit unit)

University Course Equivalency Area

SPONSORING AGENCY

Title of Agency

Street

City and Zip Code

Contact Person Phone E-Mail

DESCRIPTION OF THE ACTIVITY (Attach information if available)

ACTIVITY PROVIDER

Name

Role (Workshop leader, master teacher, etc.)

Qualifications (Degree, Licensure, certification):

Signature of Activity Provider

Date

Signature of SFSU Advisor

Date

Signature of District Support Provider

Date

Make copies as needed.