



University
of Houston
Clear Lake

PROGRAM VERIFICATION

Student Name: _____

Semester/Year: _____ **Course Name & Number:** _____

Instructor: _____

Instructor's Telephone: _____ **Instructor's Email:** _____

District: _____ **Campus:** _____

This letter is to serve as verification that, as a component of the above-referenced University of Houston-Clear Lake course, the above-named student is required to complete observation hours/field experience.

Should you have any questions, please feel free to contact me.

Sincerely,

INSTRUCTOR'S SIGNATURE

DATE