

**PRACTICUM WAIVER FORM  
TESOL VOYAGES**

YOUR Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State or Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Teaching Experience:**

Name of School or Military Branch:

\_\_\_\_\_

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State or Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Teaching Duration: From \_\_\_\_\_ To \_\_\_\_\_  
Student Population: \_\_\_\_\_

Supervisor/Employer Name during Teaching Experience period:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please tell us about your teaching experience and why we should grant a Practicum Waiver (250 words)

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