

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

NOMINATION OF DISTINGUISHED CLINICAL INTERN

(Candidate Name)

Candidate Certification:	Email:	Semester:
Placement District, School, Grade:		
Clinical Educator(s):		
EXCEPTIONAL EDUCATOR BECAUSE		
SPECIAL PROJECT DURING CLINICAL PRACTICE:		
OBSTACLES OVERCOME IN CLINICAL PRACTICE		
Supervisor		Date
PLEASE SUBMIT TO OFE BY: FALL – THE END OF THE SEMESTER WITH ALL FINAL REPORTS. SPRING: MARCH 15TH		