



NORTHERN ILLINOIS UNIVERSITY

College of Education

Educate and Engage Recognition Stole Program Form

Student Name: _____ Program Area: _____

Phone: _____ Student ID: _____

Date: _____ Number of Hours:* _____

Description of Engagement: _____

Supervisor's Name (print): _____ Phone: _____

Supervisor's Signature: _____

Date: _____ Number of Hours:* _____

Description of Engagement: _____

Supervisor's Name (print): _____ Phone: _____

Supervisor's Signature: _____

Date: _____ Number of Hours:* _____

Description of Engagement: _____

Supervisor's Name (print): _____ Phone: _____

Supervisor's Signature: _____

* Please itemize your hours (do not merely list October-April = 99 hours without showing us how you served those hours). We need to see the details that total at least 144 hours. During a trip or engagement, only the hours worked should be included. Traveling and sleeping hours do not count toward the total.

Date: _____ Number of Hours:* _____

Description of Engagement: _____

Supervisor's Name (print): _____ Phone: _____

Supervisor's Signature: _____

Date: _____ Number of Hours:* _____

Description of Engagement: _____

Supervisor's Name (print): _____ Phone: _____

Supervisor's Signature: _____

Date: _____ Number of Hours:* _____

Description of Engagement: _____

Supervisor's Name (print): _____ Phone: _____

Supervisor's Signature: _____

Date: _____ Number of Hours:* _____

Description of Engagement: _____

Supervisor's Name (print): _____ Phone: _____

Supervisor's Signature: _____

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