



# MERU UNIVERSITY OF SCIENCE & TECHNOLOGY

P.O Box, 972-60200 Meru-Kenya

Phone: +254 712524293, 254 725330826, +254 705790660, +254 2092048

Email: [sed@must.ac.ke](mailto:sed@must.ac.ke) Website: [www.must.ac.ke](http://www.must.ac.ke)

## COMMUNITY SERVICE LEARNING AND MENTORSHIP PRACTICUM REQUEST FORM

20<sup>th</sup> November 2024

Dear Sir/Madam,

### Ref: COMMUNITY SERVICE LEARNING AND MENTORSHIP PRACTICUM POSTING REQUEST

Bachelor of Education Third (3<sup>rd</sup>) year students at Meru University of Science and Technology are required to participate in two practicum sessions. These are done after the 3<sup>rd</sup> and 4<sup>th</sup> years of study as per the new requirements of CBC. The first session will function as a job shadowing/mentorship experience. Students will be placed under an experienced tutor to acquire knowledge and skills essential to the duties and responsibilities inherent in the teaching profession. The Mentorship period from May to August 2025 will also include a Community Service Learning (CSL) project. The student will be involved in community based activities in and around the school and write a report detailing their experiences.

The individual whose information is provided below expresses a desire to conduct his/her Mentorship program at your institution. We kindly request your consideration and acceptance of this request.

Registration No.	Name of student	Student's Phone No.	Teaching Subjects
			1.
			2.

Throughout the practicum, the student teacher will be under your direct supervision and should receive guidance from your staff. University tutors will visit as examiners and advisors, but we highly value your guidance and assessment of the teacher trainee's performance. Kindly sign and return a copy of this form as confirmation of your acceptance of this student teacher in your institution.

Thank you for your cooperation.

Mr. Kinuthia Mugi  
**Teaching Practice Coordinator**

### ACCEPTANCE BY THE PRINCIPAL

I confirm that we have accepted this student from for a Mentorship Program in our institution.

Principal's Name: ..... Tel: .....

School: ..... School Rubber Stamp

Sign: ..... Date: .....

