

Kirinyaga University

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SCHOOL OF BUSINESS AND EDUCATION

To: The Principal/ Director/ Head-teacher

School _____ Sub-County _____ County _____

RE: REQUEST FOR A TEACHING PRACTICE PLACEMENT

Teaching practice is a core requirement for all third year students enrolled to the Bachelor of Education programmes i.e., Bachelor of Education Science, Arts and Bachelor of Technology Education as well as Post Graduate Diploma in Education at Kirinyaga University. During the exercise the student-teacher is expected to develop skills in teaching in the two teaching subjects in an educational institution set up. In this regard therefore, I write to introduce and request for placement of the following student who wishes to carry out his/her teaching practice in your institution during the **second term in the year 2025**.

Registration Number	Name	Subject 1 & Subject 2

Your support and cooperation will be highly appreciated.

1. Teaching Practice Coordinator

Name: Dr. Safari G. Ntalala Sign:  Date and Stamp: 

2. Principal/ Director/ Head-teacher Remarks: _____

Name: _____ Sign: _____ Date and Stamp: _____

To be filled in Triplicate:

1. Original to principal/ Director/ Head-teacher
2. Duplicate to the Teaching Practice Coordinator, Kirinyaga University
3. Triplicate to be retained by the student-teacher.



KyU is ISO 9001:2008 certified