



**MURANG'A UNIVERSITY OF TECHNOLOGY  
SCHOOL OF EDUCATION  
OFFICE OF THE COORDINATOR TEACHING PRACTICE**

**Email address: [tpcoordinator@mut.ac.ke](mailto:tpcoordinator@mut.ac.ke) Tel: 0105016596**

**DATE: 8th SEPTEMBER 2025**

**TO WHOM IT MAY CONCERN**

**REF: MUT/TPINTRL/DET/37/2017/VOL.1**

**RE: TEACHING PRACTICUM - MAY TO JULY 2026**

I am writing to request for a Teaching practicum vacancy in your institution for

Mr/Ms .....

ID No..... Registration No.....

Cell phone No... ..

The student is enrolled in the School of Education, Department of Education and Technology pursuing a Bachelor of Education (Arts, Science, Technology Education, Agricultural Education & Extension)

To be CBC compliant, the student is expected to do a practicum which will expose them to real situations in the school/institution setting before the actual teaching practice. We are confident that the trainee will greatly benefit from the practical experience gained at your institution.

The student will be attached to a regular (Cooperating) teacher who will be a mentor throughout the practicum period. The student will be provided with a practicum logbook by the University where he/she fills the daily activities and has a place for signing by the Cooperating teacher and University supervisor

The University will deeply appreciate your continued provision of a practicum vacancy to our students.

Thank you,

*Mary Ng'enda*

**DR. MARY NG'ENDA  
TP COORDINATOR**



MUT IS ISO 9001:2015 & ISO/IEC 27001:2013



### Confirmation of Acceptance for Teaching Practicum

Student Name \_\_\_\_\_ Registration No \_\_\_\_\_

Name of Institution/School: \_\_\_\_\_

Name of Principal/ Head teacher \_\_\_\_\_

School / Principal Contact Number: \_\_\_\_\_

Email Address \_\_\_\_\_

#### Location of the School / Institution:

County \_\_\_\_\_ Sub County \_\_\_\_\_

Nearest Town \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Official Stamp \_\_\_\_\_



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