HOFSTRA UNIVERSITY
Office of Field Placement
118 HAGEDORN HALL
516-463-5746

PARTICIPANT-OBSERVER FIELD EXPERIENCE - TIME SHEET

STUDENT NAME _____ SEMESTER _____

STUDENT HOFSTRA ID#_____

COURSE PROFESSOR _____COURSE # _____

SCHOOL/DISTRICT _____ SCHOOL PHONE #_____

COOPERATING TEACHER _____SUBJECT/GRADE LEVEL_____

NOTE:

1. **This is a legal document. Hours and signatures are subject to verification. Penalties will be imposed if any information is falsified or misrepresented by a Hofstra student. This form, along with the evaluation form, is to be returned in a sealed envelope addressed to the course professor with the cooperating teacher's signature across the seal.**

2. **Each course has a SEPARATE field hour requirement which is to be documented by an INDIVIDUAL time sheet, and submitted to your course professor.**

DATE	TIME IN	TIME OUT	COOP. TEACHER SIGNATURE

TOTAL NUMBER OF HOURS _____