

**50-HR.
SED P.O.**

**HOFSTRA UNIVERSITY
School of Education
Office of Field Placement
240 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** _____

NOTES:

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.
2. Each course that has a field hour requirement is to be documented by a SEPARATE time sheet and submitted to the course professor.

DATE	TIME IN	TIME OUT	COOPERATING TEACHER SIGNATURE

TOTAL NUMBER OF HOURS _____