45-HR./90-HR.
ELED 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 _____