OBSERVER
ONLY

HOFSTRA UNIVERSITY
Office of Field Placement
240 Hagedorn Hall
516-463-5746

OBSERVER ONLY 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 _____