



Field Experience Contracts must be turned into the SoE office week 3 of each semester.  
*(If not, your hours recorded below will not be accepted)*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ **Net ID:** \_\_\_\_\_

CSU P Instructor: \_\_\_\_\_ **Subject and Course Number:** \_\_\_\_\_

Cooperating Teachers Name: \_\_\_\_\_

School Name: \_\_\_\_\_ **Grade/Subject:** \_\_\_\_\_

*Cooperating teacher must sign each day. (No exceptions).*

Date	Time Began	Time Ended	Total Time Hrs./Min. (round down)	Activities	Teacher's Signature
<b>Total for this page:</b>					



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