

UNIVERSITY *of* WISCONSIN

LA CROSSE

FIELD EXPERIENCE SIGN-IN SHEET

Semester: Fall Spring Year: _____

Name (Please Print): _____

Cooperating Teacher: _____ School: _____

Grade Level(s): _____ Subject(s): _____

University Instructor: _____ Course Number: _____

<u>Date</u>	<u>In</u>	<u>Out</u>	<u># Hours</u>	<u>TOTAL</u>

<u>Date</u>	<u>In</u>	<u>Out</u>	<u># Hours</u>	<u>TOTAL</u>
Total Hours for Semester Student must total all semester hours in order to receive credit.				

Student Signature

Cooperating Teacher Signature

Instructor Signature