

McKENDREE UNIVERSITY
School of Education
FIELD EXPERIENCE/INTERNSHIP TIME SHEET

COURSE PREFIX AND NUMBER RELATED TO EXPERIENCE OR INTERNSHIP: _____

NAME _____

McK COURSE _____
 INSTRUCTOR(S) _____ TERM _____

SCHOOL _____

COOPERATING TEACHER/ADMIN.: _____ GRADE LEVEL/SUBJECT: _____

#	DATE MO./DAY/YR.	TIME		SIGNATURE COOPERATING TEACHER OR ADMINISTRATOR
		ARRIVE	DEPART	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

TOTAL HOURS _____