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Grand Total:

Please do NOT sign this form until the end of semester after all your hours have been entered. After signing the form, no changes or additions can be made.

Student Signature:

Field Instructor/Supervisor Signature:

Field Liaison Signature:

Course: **Semester:** **Year:**

	Week/Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hrs For Week	Supervision Date/Time
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Grand Total:

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Grand Total:

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Student Signature:

Field Instructor/Supervisor Signature:

Field Liaison Signature: