**Last Name, First Name**



Your Major

 Semester/Year

**ILAS 301 TIME LOG
(Name of School)**

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| Date | Time In | Time Out | Time Spent | Activities: | Cooperating Teacher or Tutoring Supervisor Initials  |
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| **Total Time Spent Observing and Tutoring** **\*\* Must be no less than 30 clock hours**  |  |

By signing below, you are verifying that you completed the minimum course requirements of 30 clock hours of observation and tutoring.

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Student Name (Printed) Student Signature Z ID Date

 **Last Name, First Name**



Your Major

 Semester/Year

**ILAS 301 TIME LOG
(Name of School)**

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| Date | Time In | Time Out | Time Spent | Activities: | Cooperating Teacher or Tutoring Supervisor Initials  |
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Student Name (Printed) Student Signature Z ID Date