**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