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## Field Experience Hours Log-Spring

Student Name: J# Date:

CUNE Course: Professor:

(If not for a particular course, write IND for independent.)

Coop Name and Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or Site: \_\_\_\_\_ Grade: \_\_\_\_ Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_

City, State:

*List the hours of field experience completed and sign the form upon completion of the experience. Submit to the Concordia Field Experience Office, THOM 214.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jan** | **Hours** | **Feb** | **Hours** | **Mar** | **Hours** | **Apr** | **Hours** | **May** | **Hours** |
| 1 |  | 1 |  | 1 |  | 1 |  | 1 |  |
| 2 |  | 2 |  | 2 |  | 2 |  | 2 |  |
| 3 |  | 3 |  | 3 |  | 3 |  | 3 |  |
| 4 |  | 4 |  | 4 |  | 4 |  | 4 |  |
| 5 |  | 5 |  | 5 |  | 5 |  | 5 |  |
| 6 |  | 6 |  | 6 |  | 6 |  | 6 |  |
| 7 |  | 7 |  | 7 |  | 7 |  | 7 |  |
| 8 |  | 8 |  | 8 |  | 8 |  | 8 |  |
| 9 |  | 9 |  | 9 |  | 9 |  | 9 |  |
| 10 |  | 10 |  | 10 |  | 10 |  | 10 |  |
| 11 |  | 11 |  | 11 |  | 11 |  | 11 |  |
| 12 |  | 12 |  | 12 |  | 12 |  | 12 |  |
| 13 |  | 13 |  | 13 |  | 13 |  | 13 |  |
| 14 |  | 14 |  | 14 |  | 14 |  | 14 |  |
| 15 |  | 15 |  | 15 |  | 15 |  | 15 |  |
| 16 |  | 16 |  | 16 |  | 16 |  | 16 |  |
| 17 |  | 17 |  | 17 |  | 17 |  | 17 |  |
| 18 |  | 18 |  | 18 |  | 18 |  | 18 |  |
| 19 |  | 19 |  | 19 |  | 19 |  | 19 |  |
| 20 |  | 20 |  | 20 |  | 20 |  | 20 |  |
| 21 |  | 21 |  | 21 |  | 21 |  | 21 |  |
| 22 |  | 22 |  | 22 |  | 22 |  | 22 |  |
| 23 |  | 23 |  | 23 |  | 23 |  | 23 |  |
| 24 |  | 24 |  | 24 |  | 24 |  | 24 |  |
| 25 |  | 25 |  | 25 |  | 25 |  | 25 |  |
| 26 |  | 26 |  | 26 |  | 26 |  | 26 |  |
| 27 |  | 27 |  | 27 |  | 27 |  | 27 |  |
| 28 |  | 28 |  | 28 |  | 28 |  | 28 |  |
| 29 |  | 29 |  | 29 |  | 29 |  | 29 |  |
| 30 |  |  |  | 30 |  | 30 |  | 30 |  |
| 31 |  |  |  | 31 |  |  |  | 31 |  |

Total Hours

Completed:

Signature of Concordia Student:

(Required)