**Last Name, First Name**



Your Major

Semester/Year

**ILAS 301 HIGH SCHOOL TIME LOG**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 (15 hours if WL) | | | | |  |

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 HIGH SCHOOL TIME LOG**

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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 (15 if FL) | | | | |  |

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 |