



**FIELD EXPERIENCE RECORD OF HOURS**

Directions: Please submit to your Professor via TaskStream.

Name of Student: \_\_\_\_\_ NYIT ID# \_\_\_\_\_

Semester & Year \_\_\_\_\_ Academic Program \_\_\_\_\_

Course Name and Code \_\_\_\_\_

Name of School \_\_\_\_\_ City \_\_\_\_\_

Name of Host Teacher \_\_\_\_\_

Email of Host Teacher \_\_\_\_\_

	Date	Time-In	Time-Out	Total Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Student Signature: \_\_\_\_\_

Host Teacher Signature: \_\_\_\_\_