Education 97/197, Section 1
Independent Field Studies
TIMESHEET

Student Name: _____ SID#: _____
(family), (first)

Student Status: Frosh Soph Jr Sr *Check one*: **EDUC 97** **EDUC 197**

Semester: Fall Spring Summer 20_____ Number of Units: _____

Community Agency/Contact Name: _____TOTAL HOURS: _____

Contact Person Signature: _____Date: _____

Day and Time	# of Hours	Initials

Submit to Student Academic Services, GSE, 1600 Tolman Hall **by the last day of instruction for the semester.** Office Use: approved on _____