Lehman College
ECE 302 Field Experience Time Sheet

Name of the Teacher Candidate _____ **Semester** _____ **Section** _____

Social Security # _____ **Candidate's Phone #** _____

Name of Lehman Faculty _____ **Faculty Signature** _____

Date of Observation	Hours in C.B.O.	C.B.O. Visited	Address	Candidate's Activity	C.B.O. Contact Person	Authorized Signature
Total Hrs						

JMF/2-2004