WEST LIBERTY UNIVERSITY
Field Experience Time Sheet

Course Name and Number: _____ **Professor:** _____

Name: _____ **Location Assigned:** _____

Mentor Teacher Name and Email: _____ **Semester:** _____

Grade Level/Subjects: _____

Date	Arrival Time	Departure Time	Hours	Mentor Teacher's Comments	Mentor Teacher's Signature

Note: You will not receive a passing grade for the course without appropriately completing and submitting this time sheet.