

**COLORADO MESA UNIVERSITY DEPARTMENT OF MUSIC
FIELD EXPERIENCE TABULATION FORM**

Name _____ Course _____

PLEASE FILL OUT A SEPARATE FORM FOR EACH CLASS.

PLEASE ENTER YOUR GRAND TOTAL OF HOURS FOR THE CLASS ON THE BOTTOM ROW.

Date	Time of Day	School	Teacher	Class Observed	Total Time Observed	Teacher's Signature
GRAND TOTAL						

*******GIVE SARAH FALCON A COPY OF THIS FORM AT THE END OF EACH SEMESTER.
MAKE SURE TO KEEP A COPY FOR YOUR RECORDS.*******