

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

Name _____ Course _____

PLEASE FILL OUT A SEPARATE FORM FOR EACH CLASS/SEMESTER

PLEASE ENTER YOUR GRAND TOTAL OF HOURS ON THE BOTTOM ROW (for each class/semester)

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

THIS FORM SHOULD BE SUBMITTED TO THE *CENTER FOR TEACHER EDUCATION*

AT THE END OF EACH SEMESTER.

******* MAKE SURE TO KEEP A COPY FOR YOUR RECORDS*******