

**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						

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