



UNIVERSITY OF CENTRAL FLORIDA

EDG 2940: Experiential Learning in Education
Field Experience Time Log

UCF Student Name: _____

Supervising Teacher/Coordinator: _____

Projected Number of Hours for Placement: _____

Date	Times In/Out	Hours	Supervisor Signature

I acknowledge that I have completed _____ total hours as logged above. By signing below, I attest that this log is an accurate and true account of the field experience hours I have completed in fulfillment of the 30-hour requirement for the course.

Student Signature _____ **Date** _____