

ATTENTION FE Candidate: complete **entire** form then submit to Course Professor.

Semester _____ Year _____
 OBU Course Name & # _____
 Course Professor's Name _____

<hr style="width: 80%; margin: 0 auto;"/> Professor's Signature
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OKLAHOMA BAPTIST UNIVERSITY

DIVISION OF TEACHER EDUCATION FIELD EXPERIENCE ~ SIGN-IN SHEET

Name of Candidate _____ OBU Box # _____
 Co-operating School _____
 Mentor Teacher _____ Class/Grade Level _____

DATE	ARRIVAL TIME	DEPARTURE TIME	MENTOR TEACHER INITIALS

TOTAL HOURS: _____

PROFESSOR: PLEASE SUBMIT ORIGINAL COPY TO THE TE OFFICE