

NAME _____
(Please print name clearly)

REPORT OF HUMAN RELATIONS FIELD EXPERIENCE
(Direct Contact - 25 Hours)
PART B

This form (s) should be submitted to the Teacher Education office, Boyle 225, as evidence of the successful completion of any field experience in the Human Relations Program.

Diversity group with whom you were involved:

Place of experience:

Indicate precisely how you were involved:

Indicated the precise amount of time (actual clock hours) you were involved (list dates).

Name and address of field supervisor:

Tel. No. _____

Signature of field supervisor

Date

Signature of student

Date

Signature of Human Relations Coordinator

Date