AUGUSTA STATE UNIVERSITY
COLLEGE OF EDUCATION
Department of Educational Leadership, Counseling & Special Education

Time Documentation Form

Student's Name: _____ Student ID# _____

ASU Instructor: _____ Course: _____

***Certification Field: _____** Sem./Year: _____

Location of Lab: _____ Field Teacher: _____

Grade/Subjects: _____

***Must be filled out, failure to do so could result in your paperwork being mis-filed.**

Date	Time-In	Time-Out	Total Time	Teacher's Signature