Return this form to your ASU instructor.

Augusta State University
College of Education
Department of Educational Leadership, Counseling, and Special Education
Time Documentation Form

Student's Name: _____ Student ID: _____

ASU Instructor: _____ Course: _____

*Certification Field _____ Sem./Year: _____

Location of Lab: _____ Field Teacher: _____

Grade/Subjects: _____

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