BMCC
Teacher Education

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

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Field Work Hours ECE 410

Student's Name_____Semester_____

Name and phone # of Site_____

Name(s) of Cooperating Teacher(s)_____

Date	Hours: from - to	# of hours	Teacher's signature

Name of Professor_____

Signature of Professor_____ Date_____

You must complete 30 hours in the field