MARQUETTE UNIVERSITY
VERIFICATION OF FIRST MEETING AT FIELD SITE

Marquette University field student ________________________________
made her/his first visit to my classroom on _____________________________
(Date)
for _________________________________.
(Number of hours)

_____________________________________________
(Cooperating Teacher Signature)

_____________________________________________
(School)

__________________________________________________________________
(Student Signature)

Field student completes this portion and returns form to course instructor by
designated due date.

I have made arrangements with my cooperating teacher to report to her/his
classroom this semester every week for two hours.

____________________________________ _________________________
(Day of week)     (Time frame)

____________________________________ _________________________
(Print name)           (Date)

____________________________________ _________________________
(Student Signature)