

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 Chair of Teacher Education 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