

University of Colorado at Boulder
College of Music

MUSIC EDUCATION FIELD EXPERIENCE FORM

Student Name _____ Date Received _____
(office use only)

Name of School or Organization _____

Dates & Hours for Each Visit _____

Total Number of Hours _____

Description of Field Experience (Grade level, class, or ensemble; Your responsibilities or activities)

Was this field experience required for a class? _____ If yes, for which class? _____

Hours to be applied to: (check one) _____ School of Education Application

_____ Music Methods Practicum

Field Experience Supervisor/Teacher Mentor _____ Date _____
(signature)

University Instructor/Advisor _____ Date _____
(signature)

Note: Use a separate form for each school or field experience setting. When completed, return this form to the Office of Undergraduate Studies for placement in your permanent file. Keep a photocopy for your personal records.