Student Observation Verification Form

This form should be presented to the appropriate ECE Program contact person at the time of the schedule observation, along with the Letter of Introduction.

Student’s Name _______________________________________________________

Course Number and Title _______________________________________________  

Title of Observation Assignment _________________________________________

Date of Observation ___________________________________________________

Name of Program _______________________________________________________

Address of Program _____________________________________________________

Telephone ____________________________________________________________

Start Time of Observation _______________________________________________

End Time of Observation ________________________________________________

Signature of Program Representative _______________________________________

Title of Program Representative __________________________________________

Signature of Oakton/ECE Student _________________________________________

Total Number of Hours for Observation: _________________________________

Comments ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Note: This form must be submitted with observations as required in specific ECE courses. It will be returned to you with your graded assignment. Keep it for your records, as it is documentation of required observations hours and necessary for transfer of credits to 4-year institutions.