

**NEW YORK INSTITUTE OF TECHNOLOGY**  
**Master of Science in Instructional Technology**  
**Summary of Practicum Experiences- Part II**

Student Name \_\_\_\_\_ Semester \_\_\_\_\_

Course # & Title \_\_\_\_\_ Instructor \_\_\_\_\_

Date	Time	Subject/Grade Level	Administrator's Signature

Administrator may be building principal, assistant principal, supervisor or chairperson.

Comments regarding practicum experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Clock Hours** \_\_\_\_\_

School Department Chairperson Signature \_\_\_\_\_

School Building Administrator Signature \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

Date Accepted \_\_\_\_\_

