

**School of Social Welfare, University at Albany  
Internships in Aging Project  
Outside Education Attendance Log**

Name: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Field Instructor Approval Initial \_\_\_\_\_

Counted Time for This Event: \_\_\_\_\_ Hrs. Total Time Accrued This Year: \_\_\_\_\_ Hrs.

Briefly describe the event.

If the same event is offered the next year, will you recommend it to the IAP students?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Please submit this form to Linda Mertz within 7 days after the event with information on the event (e.g., brochure, program, etc., if applicable). Submit a copy of the form to your field instructor.