

College Supervisor Mileage Log

College Supervisor Name: _____

Semester: _____

Student Teacher(s): _____

<i>Example:</i>			
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Date	Visit Purpose	FROM: *enter starting ADDRESS	TO: *enter School NAME & ADDRESS
	Student Teaching Supervision		
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	Student Teaching Supervision		

College Supervisor Signature: _____

*****Business Office will confirm that the shortest route was utilized.***