

# Observation Experience

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Supervisor's Name (print)

Date	Observation Time		Day's Total Hours	Running Total Hours
	Start	Finish		
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Facility's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Supervising ATC (signature)  
 BOC #: \_\_\_\_\_