

**Name of Campus & City** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Date & Time (start and end times)** \_\_\_\_\_

**Departments visited:** \_\_\_\_\_

Campus Representative: This is an extra credit project.  
Please check student ID before signing below. Thank you!

\_\_\_\_\_  
Name of campus representative                      School & Department

\_\_\_\_\_  
Signature    Email & Phone Number

Sandra Hsu, Biology Professor, Skyline College (650) 738-4417

(cut along this line)

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