

**SUNY MARITIME COLLEGE
ED CREDIT FORM**

NAME _____ **CLASS** ____ **COMPANY** _____ **DATE** _____

Job or work description(describe what you are being given ED credit for): _____

Supervising Cadet / Officer / Staff / Coach / Faculty: _____

Supervisor e-mail or phone number: _____

	Start Time:	End Time:	Completed Hours:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
			Total:

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