

STUDENT TIME LOG FOR SERVICE-LEARNING PROJECT

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Student's Name _____ Email Address _____

Community Partner/Agency Name _____

Supervisor's Name _____ Supervisor's Phone _____

Course Title & Number _____ Professor's Name _____

Start Date _____ End Date _____ Scheduled Days and Hours _____

WEEK	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL	VERIFIED
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
TOTAL SEMESTER HOURS									

I certify that the service hours indicated above are accurate.

_____ Date _____ Supervisor's Signature _____ Date _____
 Student's Signature

_____ Date _____
 Professor's Signature