

Service-Learning Time Log

Student's Name Phone # E-Mail
 Course Name Professor's Name
 Agency Name
 Supervisor's Name Supervisor's Phone # ext.
 Start Date End Date Scheduled Days and Hours

WEEK	MON	TUE	WED	THU	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.

Student's Signature Date

Supervisor's Signature Date

Professor's Signature Date