

## Service-Learning Time Log

Student's Name		Phone #	E-Mail	
Course Name		Professor's Name		
Agency Name				
Supervisor's Name		Supervisor's Phone #	e	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