

Student Service-Learning Time Log

Student & Course Information

Course Number/Title: _____

Instructor: _____

Student Name: _____

Student Email: _____

Community Partner Information

Agency Name: _____ Site Supervisor: _____

Site Supervisor Email: _____ Site Supervisor Phone: _____

Agency Address: _____

<i>Students: Please return the completed form to your instructor.</i>				
Date	Time In	Time Out	Hours	Service Provided

I certify that I have completed at total of _____ hours of service at my site and have completely fulfilled the Service-Learning commitment to with my community partner.

Student Signature: _____ Date: _____