



SERVICE-LEARNING Student Time Log Sheet

Please Print Clearly in INK

INSTRUCTOR: _____

Course Title & Number: _____

Semester: _____

STUDENT: _____

CBO: _____

Tel #: _____ **Email Address:** _____

ATTENTION Student: *It is your responsibility to ask the CBO Site Supervisor to fill in the necessary information and obtain his/her signature during each visit. Turn in this time sheet to your instructor at the end of the semester or at the end of your Service-Learning Project.*

Day	Date	Site/CBO	Time In	Time Out	Total Hours	Description of Project	Supervisor's Signature
Total HOURS							

Approximately how many people did your project reach?

STUDENT Signature & Date

INSTRUCTOR Signature & Date