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: _____

Students: Please return the completed form to your instructor.				
Date	**Time In**	**Time Out**	**Hours**	**Service Provided**

I certify that the student above completed at total of _____hours of service at my site and has completely fulfilled their Service-Learning commitment to my organization.

Community Partner Signature:_____ Date: _____