Service Learner Time Log

Name:		**Semester:**	
Course:		**Professor:**	

Community-Based Organization Info.		**Service-Learning Placement**	
Address:		**Begins:**	
Phone #:		**Ends:**	

Date	Time In	Time Out	Hours	Activities
		Total Hours to Date:		

Student Signature: _____

Site Supervisor Signature: _____

Course Supervisor Signature: _____