Service Learning Time Log

Student's Name: Email:
Course Name: Professor:
Community Organization:
Community Supervisor: Email:
Start date: End date: Required hours:

1:
2:
3:
4:
5:
6:
7:
8:
9:
10:
11:
12:
13:
14:
15:

I certify that the service hours indicated above are accurate

Student's Name: Date:
Professor's Name: Date:
Co-Educator's Name: Date: