

Student SL #:

Office Use Only



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SERVICE-LEARNING STUDENT HOUR LOG

Student Name: _____ Course: _____

Agency/Site Name: _____

Agency Contact: _____ Phone Number: _____

Date	Sign-in time	Sign-out time	Total Hrs	Supervisor's Initials	Date	Sign-in time	Sign-out time	Total Hrs	Supervisor's Initials
Final Hours Total									

Please submit this form to the service-learning office upon completion.

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