

Project *QUEST* Participant Time Sheet

NOTE: This form is required to be turned in every two weeks per set schedule. No “white out” is allowed! If you make an error, cross it out, correct and initial, or redo the form.

PARTICIPANT NAME:	SSN:	CAMPUS:
QUEST COUNSELOR:	SEMESTER:	

Discipline & Course Number	Days	Time	Instructor
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Calendar Week 1 Date From: _____ Date To: _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Calendar Week 2 Date From: _____ Date To: _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Instructor's Initials	Date	Comments	Satisfactory Progress⇒	Yes	No
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Participant's Signature:	Date:
QUEST Counselor's Signature:	Date: