Delta College

Academic Career Experience & Service Learning
A003, 1961 Delta Road
University Center, MI 48710
(989) 686-9474
Fax: (989) 667-2218

SERVICE LEARNING
HOURS LOG

STUDENT/COURSE INFORMATION:

Student's Name: _____ Semester/Year: _____

Course: _____ Section: _____ Instructor: _____
(i.e., ENG111) *(i.e., FA110)*

SERVICE SITE INFORMATION:

Site Name: _____ Supervisor: _____

Address: _____ Telephone #: _____

City: _____ ZIP: _____ Email Address: _____

BRIEF Project Description:

_____
_____
_____
_____
_____

List total hours worked for each day.

Week Beginning	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total

Total Hours _____

My signature verifies the accuracy of recorded Service Learning hours:

Student Signature _____ Date: _____

Site Supervisor Signature _____ Date: _____