

Service-Learning Time Sheet

STUDENT NAME: _____

Professor Name: _____ **Class and Section number:** _____

Date	Time In	Time Out	# of Hours	Description of Service	Site Name	Supervisor's initials
Grand Total # of Hours:						

Supervisor Signature:

As supervisor of above service activities, I certify that this Normandale Community College student has completed the recorded hours of volunteer service.

#1 Site Name, Supervisor Name, and Supervisor Signature: _____

#2 Site Name, Supervisor Name, and Supervisor Signature: _____

MUST INCLUDE SUPERVISOR SIGNATURE OR HOURS ARE NOT VALID

Turn in this completed form to: The Center for Experiential Education, C1066

Questions? Contact the Center for Experiential Education:
 952-358-8119 servicelearning@normandale.edu Office: C1066 www.normandale.edu/cee
 Experiential Education Coordinators: Paige Wheeler, Gina Montilino, Nilvia Brinkley