

SERVICE LEARNING TIME LOG

Coastal Carolina University

Student Name: _____ ID#: _____
 Phone: _____ Email: _____
 Major: _____ Course #: _____ Term/Year: _____

Instructor: _____
 Phone: _____ Email: _____

Date	Activity	Time In:	Time Out:	Site Supervisor Initials:	Total Time
TOTAL HOURS SERVED:					

Agency: _____ Location: _____
 Supervisor's Name (print): _____
 Supervisor's Signature: _____ Date: _____
 Phone: _____ Email: _____

Student's Signature: _____ Date: _____