



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., ENGL111) (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: _____