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<tr>
<th>Date</th>
<th>Start Time – End Time</th>
<th>Total Hours</th>
<th>Description of Service</th>
<th>Supervisor Initials</th>
<th>Comments</th>
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Total Hours

Site Supervisor Signature

Student Signature

Semester/Year: 

Student Information

Name: __________________________
Student ID#: __________________________
Phone: __________________________
Email: __________________________

Course Name & Number: __________________________
REG ID #: __________________________
Days/Times: __________________________
Instructor: __________________________
Agency Name: __________________________
Site Supervisor: __________________________
Phone: __________________________
Email: __________________________

White: Service-Learning Center
Yellow: Student
Pink: Instructor
Goldenrod: Agency

Updated: 11/11/2010