

EVC CENTER FOR SERVICE-LEARNING & PUBLIC SERVICE

SERVICE-LEARNING LOG

Student Name	_____	Semester/Year	_____
Student ID #	_____	Agency Name	_____
Course & Section #	_____	Supervisor's Name	_____
REG ID #	_____	Title	_____
Instructor	_____	Phone	_____
Days/Time	_____	Email	_____

Please describe your tasks and responsibilities:

Date	Start Time – End Time	Total Hours	Supervisor Initials
Total Hours			

Date	Start Time – End Time	Total Hours	Supervisor Initials
Total Hours			

Student Signature _____

Date _____

Site Supervisor Signature _____

Date _____