

ACADEMIC SERVICE LEARNING TIME SHEET

NAME: _____

SEMESTER/YR: _____

COURSE #: _____

PROFESSOR: _____

AGENCY: _____

SUPERVISOR: _____

	Date	Hours	Activities
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

TOTAL HOURS: _____

**The above information is correct to the best of my knowledge.

Supervisor Signature: _____ Date: _____

RETURN TO: Academic Service Learning Center CMU 225, 218.477.2592 Fax: 218.477.5050
E-mail: servicelearning@excite.com