

HILBERTCOLLEGE

Student Service Learning Time Sheet

Student Name: _____

Course Number and Title: _____

Professor: _____ Semester: _____

Community Partner/Service Learning Site: _____

Address: _____

Site Supervisor Name: _____

Telephone: _____ E-Mail: _____

Students are responsible for maintaining and ensuring the accuracy of the time sheet and turning it into the professor upon the completion of the service.

Date	Time In	Time Out	Description of Activities	Total Hours	Site Supervisor Initials

Total Hours Completed (semester): _____