NWACC Learning For Living

Service Learning Timesheet Fall 2009

Student name (printed) _____

Course name / number _____Required Hours_____

Instructor name (printed) _____

Service Learning Site _____

Project / Service Description:_____

August		September		October		November		December	
Date	#of Hours	Date	#of hours	Date	#of Hours	Date	#of Hours	Date	#of Hours
Aug Total:		Sept Total:		Oct Total:		Nov Total:		Dec Total:	

Service Learning Total Hours _____

***** Student Signature _____ Date_____**

***** Site Supervisor Signature _____ Date_____**

Site Supervisor Comments: _____

_____

***** NWACC Instructor Signature _____ Date_____**

Instructor Comments: _____

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