URBAN EXPERIENCE
SERVICE LEARNING PROJECT

Due: Week 15 of 16-week semester, week 9 of a 10-week semester

Service Hours Record 4

Please use this form to record the number of service hours you perform. Have your supervisor initial you log each time you are at the agency. Late submission of this form will have an adverse effect on your final grade.

Student name_____ Agency_____

Supervisor_____

Prerequisite training: Tutor (date)_____ Shelter (date)_____

If needed, use more than one line for each time you provide services.

Date	Time of Service (ex. 2-4 pm)	Total # of Hours	Miles traveled	Brief description of service provided.	Supervisor Initials

Special events or extra activities: Date_____ Time served_____

Event_____

***Students,* at the end of your Service Learning project, return this form to your instructor. *Instructors,* fax a copy to the Service Learning Office at 822-2239.**