

PARK UNIVERSITY HONORS PROGRAM - SERVICE LEARNING

STUDENT TIME SHEET

Student Name: _____ Phone no. _____
Name of Service Learning Partner _____
Supervisor/Coordinator _____
Partner Location/Address _____
Partner Phone Number _____

Week of:	Mon.	Tues	Wed	Thurs	Fri	Sat	Sun	TOTAL	Supervisor Initials
SEMESTER TOTAL									

Signatures:

Student: _____ Date: _____

Supervisor: _____ Date: _____