

**PARK UNIVERSITY DEGREE WITH 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
<b>SEMESTER TOTAL</b>									

Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_