UT Arlington Student Service Learning Course Time Log

Student Name _____ Cell # _____

Course Name/Number _____

Instructor _____

Community Partner/Organization/Agency _____

Phone Number _____

Student's Supervisor at Organization _____

Supervisor's email _____

Week	Hours Worked							
Dates (Sun.-Sat.)	**Sun.**	**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**	**Sat.**	**Total Weekly Hours**
Semester Total								

Student Signature _____

Community Partner - Supervisor Signature _____