Time Log

Name: _____ Semester: _____

Course: _____ Professor: _____

Name of Organization: _____

Start Date: _____ End Date: _____

Date	Time In	Time Out	Hours	Activities

Total Hours: _____

Student Signature: _____

**Placement Supervisor Signature: _____

***PLEASE NOTE THAT THIS FORM WILL NOT BE ACCEPTED WITHOUT YOUR PLACEMENT SUPERVISOR'S SIGNATURE*