

TRITON COLLEGE SCHOLARS PROGRAM - SERVICE LEARNING

SERVICE LEARNER TIME LOG

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: _____