Service-Learning Activity Log

Keep this document and log your hours each week, and at the end of the semester your site supervisor must sign this document. Return signed document to your instructor.

Student Name _____

Instructor _____ Class/Section _____

Service Learning Site/Organization _____

Site Supervisor _____ Phone Number _____

Date	Arrive	Depart	Hours	Activity

Confirmation of Service-Learning Hours or Involvement

_____ has satisfactorily provided _____ hours of service
Student Name

to _____ during the times and dates listed above.
Service Learning Site/Organization

_____ Date _____
Signature of Site Supervisor and Job Title

SAINT PAUL COLLEGE
A Community & Technical College

This document is available in alternative formats to individuals with disabilities by contacting Caidin Riley, Director of Disability Services at 651.846.1547 or caidin.riley@saintpaul.edu. For TTY Communication, contact the Minnesota Relay Service at 7-1-1 or 1.800.627.3529.

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