STUDENT SERVICE HOUR LOG SHEET

Student ID:			Term:		
		Email:	Email: Instructor:		
Organisat	ion Name:				
Organisat	cion Contact Pers	on:			
Phone:		Email:	Email:		
Date	Time	Hours	Brief Description	Verified	
Total Serv	vice Hours:				
I certify th	hat the service ho	ours indicated ab	ove are accurate.		
Student's	Signature:		Date:		
Supervisor's Signature:					
Course In	structor's Signati	ure:	Date:		