

ACADEMIC SERVICE-LEARNING TIMESHEET

NAME: _____

SEMESTER/YEAR: _____

COURSE #: _____

PROFESSOR: _____

AGENCY: _____

SUPERVISOR: _____

| DATE | HOURS | ACTIVITIES |
|------|-------|------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |

TOTAL HOURS: _____ **The above information is correct to the best of my knowledge.

Supervisor Signature: _____

Date: _____

Please email the completed Timesheet to michael.coquyt@mnstate.edu