St. Cloud State University
Service-Learning Time Sheet

Student Name: _____
Course: _____ Semester: _____
Agency: _____ Agency Supervisor: _____

DATE	HOURS	ACTIVITIES	AGENCY REP INITIALS

Date Completed: _____ Total Number of Hours: _____
Final Site Supervisor Signature: _____

For information about this course, please contact <Professor, phone/email>

For more information regarding service-learning at St. Cloud State University, please call Volunteer Connection at (320) 308-3898.