



# Service-Learning Student Time Log



***Please print clearly:***

Semester: _____	Course & Section: _____
Professor: _____	

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Service-Learning Site:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**Site Supervisor:**  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
e-Mail (if available): \_\_\_\_\_

**Center for Service-Learning**, Damon City Campus, 585-262-1713 (phone), 585-262-1466 (fax).

*"Tell me and I forget, Teach me and I remember, Involve me and I learn" - Benjamin Franklin*

