

EXPERIENTIAL LEARNING SEMESTERED STUDENT TIME SHEET/LOG

Dates from _____ to _____, 200____
Month/Day *Month/Day*

Student: _____ School: _____

Company: _____ Supervisor: _____

Monitoring Teacher: _____

DATE	START TIME	END TIME	TOTAL HOURS	MAJOR ACTIVITIES
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
TOTAL HOURS WORKED THIS WEEK			(A)	_____ Student Signature _____ Supervisor Signature
TOTAL HOURS FROM (C) ON LAST WEEK'S TIMESHEET			(B)	
TOTAL HOURS TO DATE (ADD A + B)			(C)	