MDC Center for Community Involvement

Service-Learning Hour Report

Student and Course Information

Student's Name:		**Professor's Name:**	
Course ID:	**Reference #:**	**Semester:**	**Campus:**

Supervisor Information

Agency Name:	
Supervisor's Name:	**Phone Number:**

Date	Time In	Time Out	Supervisor's Signature	Total Hours

Total Hours Completed: _____

NOTE: Are you using the same hours for multiple courses ("double-dipping")? Yes ____ * No ____

*You MUST receive approval from all professors AND register and submit separate forms for each course

For which course? **Course ID:** _____ **Reference #:** _____ **Professor:** _____

Student Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Submit completed form as directed by your professor.