



# The Center for Experiential Learning

**Student Name:** \_\_\_\_\_

## Student Hours Log

*Please enter the responsibilities and duties you have performed during your internship/community-based service experiences on the lines provided. Pay close attention to what you have accomplished and what you have learned during your experience.*

Date	Total Daily Hours	Work Completed/Comments	Supervisor Signature

**TOTAL  
HOURS:** \_\_\_\_\_