**UT Arlington Student Service Learning Course Time Log**

Student Name __________________________________________  Cell # ____________________________

Course Name/Number ______________________________________________________________________
Instructor __________________________________________________________________________

Community Partner/Organization/Agency _______________________________________________________
Phone Number _____________________________________
Student’s Supervisor at Organization ____________________________________________________
Supervisor’s email ____________________________________________________________________

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**Week** | **Hours Worked**
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**Dates (Sun.-Sat.)** | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | **Total Weekly Hours**

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Student Signature _________________________________________________________________

Community Partner - Supervisor Signature _____________________________________________

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