DOMINICAN UNIVERSITY
CENTER FOR SERVICE LEARNING
Service-Learning Time Record

Date:	Time In:	Time Out:	Total Time:	Activities:	Reflections: (what I learned)

Name: _____ **Course**:_____

Date : _____ Agency:_____

Total hours served: _____ **Supervisor:** _____

_____ _____
Student's Signature date Supervisor's Signature date

RETURN THIS FORM TO YOUR PROFESSOR.