Missouri State University

Service-Learning Timesheet #1

DUE DATE: October 2, 2009

(Return to CASL office)

Fall 2009

901 S. National, Springfield, MO 65897 (417) 836-5774 Fax (417) 836-6429

STUDENT INFORMATION		COMMUNITY PARTNER INFORMATION	
Name		**CP Name**	
Address		**Supervisor Name**	
City/Zip		**Address**	
Instructor		**City/Zip**	
Course/Sec.		**Phone #**	
Phone #		**Fax #**	
E-Mail		**Supervisor E-Mail**	

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR'S INITIALS & DATE
		TOTAL HOURS		

Note: Total hours for each day need to be worked in 15-minute increments.

Signatures:

_____ Date: _____
(Student)

_____ Date: _____
(Supervisor)

_____ Date: _____
(Service-Learning Professor)