**Center for
Community-Based
Education**

WAYNE STATE
UNIVERSITY

Community-Based Project Time Log (Sample)

Student Name_____

Phone_____email_____

Instructor Name_____

Phone_____email_____

Course Name and

#_____

Community

Agency_____

Phone_____

Supervisor Name_____

Position_____

Student's Proposed Schedule (Dates/Days/Hours)_____

Total Hours_____Completion Date_____

**Center for
Community-Based
Education**

WAYNE STATE UNIVERSITY

WEEK	MON	TUES	WEDS	THU	FRI	SAT	SUN	TOTAL	Supervisor's Initials
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTAL SEMESTER HOURS									

Please sign and date:

Student_____ Date_____

Instructor_____ Date_____

Supervisor_____ Date_____