



Academic Service-Learning Center Student Timesheet

STUDENT ID _____

STUDENT NAME _____

PHONE NUMBER _____

E-MAIL _____

INSTRUCTOR _____

COURSE TITLE _____

SECTION NUMBER _____

COMMUNITY PARTNER (CHECK WITH INSTRUCTOR) _____

YEAR _____

SEMESTER _____

Date	Describe your service activity	Hours Served

Date	Describe your service activity	Hours Served

Total Academic Service Learning Hours

Breakdown of Total Hours: Please indicate the number of hours for each type of service:

***Note: these three boxes should sum to = (Total Hours Served)**

Indirect Service

*time spent planning, preparing and researching

Direct Service

*service typically performed on site

Travel

*time spent traveling to and from community partner(s)

GRCC Student: As a GRCC student I hereby certify that all statements on this timesheet are truthful. If any statements are found to be false, I understand I will not receive an Academic Service Learning Transcript Endorsement and I may be subject to disciplinary actions.

Signature: _____	Date: _____
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Community Partner Supervisors: I verify that this student completed the above service-learning hours.

Name of Organization : _____	Signature: _____
Supervisor (print name): _____	Date: _____

GRCC Instructors/Supervisors: I verify that this student completed all necessary requirements of the service-learning experience.

Signature: _____	Date: _____
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Note: On your instructor's due date, submit student and community partner signed timesheet directly to your instructor who will then sign and submit it to the ASLC.

FOR OFFICE USE ONLY:

Received by:	Date Received:	Transcript Input Date:	ASLC Input Date: