Hudson Valley Community College Service Learning Community Service Log			
Center for Service Learning and Civic Engagement (CSLCE)*			
Student Name:			
Semester of SL: Community Partner Site:			
Your Instructor's Name:			
DATE	TIME IN	TIME OUT	TOTAL HOURS
TOTAL HOURS			
IOIALHOUNS			

Supervisor's Signature _____

*THIS FORM IS TO BE TURNED IN TO THE CSLSE IN MRV 105 UPON COMPLETION OF HOURS