Service-Learning Contact Log

STUDENT: _____ **PHONE:** _____

COURSE TITLE: _____ **INSTRUCTOR:** _____

SEMESTER: _____

AGENCY/ORGANIZATION NAME: _____

AGENCY/ORG. ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

SITE SUPERVISOR: _____ **PHONE:** _____

EMAIL ADDRESS: _____

				INITIALED BY		
DATE	TIME OF DAY	# OF HOURS	DAILY ACTIVITIES	KCC Student	Site Supervisor	KCC Faculty

				INITIALED BY		
DATE	TIME OF DAY	# OF HOURS	DAILY ACTIVITIES	KCC Student	Site Supervisor	KCC Faculty

TOTAL HOURS:_____SITE SUPERVISOR'S:_____
DATE_____