

CALL Student Time Log

Student Name: _____ Tel.: _____

Professor's Name: _____

Name of Organization: _____

Supervisor: _____ Tel.: _____

Week (Date)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total	Sup Initials
1:									
2:									
3:									
4:									
5:									
6:									
7:									
8:									
9:									
10:									
11:									
12:									
13:									
14:									
15:									
SEMESTER TOTAL									

Agreed to by:

Student _____ Date _____

Supervisor _____ Date _____

Please check this box if you use Old Westbury transportation.

**Please return completed form to your Community Learning Instructor*