WAKE TECH
COMMUNITY COLLEGE

# Service-Learning Tracking Log

***Student:*** *Please submit completed form to your instructor AND upload a scanned copy to tinyurl.com/ServiceTracking by the listed dates at the main Service-Learning Program website, tinyurl.com/WTSLP*

**Student Name: _____ Instructor Name: _____**

**Course code, number, and section numer (e.g. COM 110-4143): _____**

**Organization Name _____ Supervisor printed name _____**
**Supervisor phone number _____**

| Date | Time In | Time Out | Hours | Activities | Supervisor Initials |
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I certify that this information is true to the best of my knowledge.

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|---|---|
| Student Signature | Date |
| Organization Contact Full Signature/Printed name/Phone number | Date |