WAKE TECH
COMMUNITY COLLEGE

Service-Learning Tracking Log

Student Name _____ **Instructor Name**_____

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

Organization Name _____ **Supervisor printed name** _____

Supervisor phone/email address _____

Print and fill out each time you serve. When complete, scan and upload this form when submitting the online Tracking Log Submission/Program Evaluation Form.

Date	Time In	Time Out	Hours	Activities	Supervisor Initials

I certify that this information is true to the best of my knowledge.

Student Signature	Date
Supervisor Signature	Date