Community-Based Learning Time Record
Dominican University Office for Civic Learning

Student Name _____   **Course** _____

Date	Time in	Time out	Total time	Activities	Reflections

Agency Name: _____   Total Hours Served: _____

Supervisor Name & Title: _____

Agency Signature _____   **Date** _____

Student Signature _____   **Date** _____

Return this form to your professor. Contact pvsimpson@dom.edu with any questions.