

MISERICORDIA UNIVERSITY SERVICE-LEARNING TIMESHEET

NAME: _____

COURSE: _____

SEMESTER: _____

INSTRUCTOR: _____

*This form must be completed in its entirety and signed below by the agency representative and course instructor. Each date of service must be signed by the agency.

Service Dates	Service Hours	Agency Name	Description of Service Performed	Printed Name of Agency Representative	Agency Representative Signature (Instructor if applicable)
Total Hours					

STUDENT SIGNATURE: _____

COURSE INSTRUCTOR SIGNATURE: _____

DATE: _____

DATE: _____