SYRACUSE UNIVERSITY
MARY ANN SHAW CENTER FOR PUBLIC AND COMMUNITY SERVICE
SERVICE LEARNING TIME SHEET

Name _____ Course _____

Site _____ Instructor _____

Enrolled in Whitman School of Management ___ Yes ___ No

Enrolled in Renee Crown University Honors Program ___ Yes ___ No

Date	Time	Hours	Brief Description of Activity/Project

Total number of hours completed: _____

Supervisor's Signature: _____

Volunteer's Signature: _____

PLEASE RETURN TO:
MARY ANN **SHAW CENTER** FOR PUBLIC AND COMMUNITY SERVICE
237 SCHINE STUDENT CENTER
PHONE 443-3051| EMAIL SHAWCENTER@.SYR.EDU

Office Use Only

Received by	
Time	
Date	
Inputted by	