

# Project SHINE Time Sheet Service Learner

**Your Name:** \_\_\_\_\_

**CSUF Course:** \_\_\_\_\_

**Site Location:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Instructor Email:** \_\_\_\_\_

**Number of Students Enrolled in NOCE class:** \_\_\_\_\_

Date	Time In	Time Out	Total Time	Activities
<b>Semester Total Hours:</b>				

**Student Signature:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

Center for Internships & Community Engagement Use Only \_\_\_\_\_

Date Received:

Initials: