

Culminating Project Time Log (Page 2)

Student's Name _____

Community Advisor's Name _____ Phone _____

Community Advisor Meeting/Contact Hours

| MM/DD/YY | Number of Hours | Brief Description of Meeting |
|----------|-----------------|------------------------------|
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Total Number of Hours _____ Please sign below to verify the hours and meeting dates listed above are accurate.

Community Advisor's Signature

Date

Student Verification

I, _____, have completed the hours and tasks listed on both
 (Printed Name of Student)
 pages of this form. My signature below verifies that I spent a total of _____ hours (totals from both pages) on my Culminating Project.

Student's Signature

Date