



smc public policy institute

Experiential Learning Program

STUDENT'S DOCUMENTED WORK HOURS

Student Name:		
Instructor: Richard Tahvildaran-Jesswein		
Course Name: Poli Sci 95 - Experiential Learning	Section #:	Semester:
Agency Name:		
Agency Address:	Phone #:	

Visit #	Date	Time In	Time Out	Total Daily Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
			Total Hours:	

<p>I verify the student named above has completed the hours indicated.</p> <p style="text-align: center;">Site Supervisor's Signature: _____</p>

Students must complete and return this form to the instructor.

Use additional sheets if necessary.