



RETURN THIS FORM TO THE SERVICE LEARNING CENTER WHEN HOURS ARE COMPLETED

MiraCosta College Service Learning Office, Oceanside Campus- Room 3306, (760) 795-6616

Student Name: _____ Semester: _____

College Course: _____ Instructor: _____

Name of Service Learning Site: _____

Supervisor's Name: _____ Phone: _____

(Person who will regularly sign your time sheet)

Email Address: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR SIGNATURE
TOTAL # OF HOURS FOR THIS SHEET:				

Circle the number that most accurately indicates your opinion regarding the statements below

Strongly Agree Agree Disagree Strongly Disagree

I am concerned about community issues.	4	3	2	1
I am responsible for doing something to improve my community.	4	3	2	1
Contributing my time and skills will make the community a better place.	4	3	2	1

For data purposes, list the names of the elementary, middle school, and high school you attended:

District/City: _____ Elementary: _____

Middle School: _____ High School: _____

*CERTIFICATE: Fifteen hours of service for one site and one course are required. If enrolled in multiple service learning courses but using the same time card, please specify how many hours are for each class. There is NO double dipping of hours for the certificate(s) unless approved by both instructors.

I hereby verify that the above information is accurate.

Student Signature: _____ Date: _____