

## WORK BASED LEARNING ACTIVITY REPORT

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

Semester: \_\_\_\_\_

**Work Start Date:**

\_\_\_\_\_

	<i>example</i>	MON	TUE	WED	THUR	FRI	SAT	SUN	
Dates	8/18/14								
Time	1-4 pm								
Total hours	3								Row Total

I verify this is a true and accurate account of hours worked.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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If the student's work hours will not begin until after the semester census date, a one-hour orientation may be substituted to confirm student activity.

**Orientation Date:**

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_