



**THE UNIVERSITY OF SCRANTON
THE LEAHY COLLEGE OF HEALTH SCIENCES
COMMUNITY BASED LEARNING TIME SHEET**

***NOTE: Community Based Learning must be addressed by your Course Instructor
*A separate form is required for each CBL course.**

All Information Must Be Complete or This Form Will Not Be Accepted by your department.

Name _____ Royal ID # _____

Major _____ Phone _____ College _____

Course Name _____ Course Instructor _____

Course # _____ Semester & Yr. of CBL Service Course _____ Yr. of Undergrad Graduation _____

This form must be completed and signed below by the Agency Contact Supervisor and then turned into your course instructor for a signature. The course instructor will be responsible for submitting this form to your departmental secretary by the required due date.

- Student signatures are not acceptable for Agency Contact or Supervisor.
- Please have site supervisor sign EACH “*Supervisor’s Signature*” line below as you complete hours at the site.
- If service is completed at the same site, for all hours, your supervisor may sign top and bottom “*Supervisor’s Signature*” line and draw a line to connect both signatures rather than sign all lines.
- **NOT ACCEPTABLE – Supervisor’s signature on top line with an arrow drawn down to last service line.**

Service Dates	Service Hours	Agency Name	Describe Service Performed	Printed Supervisor’s Name	Supervisor’s Signature

Total Hours

Student’s Signature

Course Instructor’s Signature

*The result of failure to turn in Time Sheets will be an Incomplete (I) Grade.
NOTE: Seniors will not graduate unless the Community Based Learning REQUIREMENT for LCHS has been met.