Mississippi State University
Social Work Program
SW2313—Introduction to Social Work

Community Engagement Time Sheet

Student First Name:_____ **Student Last Name:**_____

Semester:_____ **Year:**_____ **Professor Name:**_____

Agency/Organization:_____ **Supervisor Name:**_____

Supervisor Email:_____ **Supervisor Phone:**_____

*** Time should be recorded in 1/4-hour increments & will auto calculate. Example: 1 hr 15 mins = 1.25; 1 hr 30 mins = 1.5; & 1 hr 45 mins = 1.75**

Date	Start Time	End Time	Total Time*	Activity Do not exceed four lines. Font size will adjust.	Supervisor Initials
Total Hours*			0		

Supervisor's Signature **Date**

This form should not be signed if the hours, activity information, and total hours are not completed/calculated. Please do not sign a blank form.