

WORK-BASED LEARNING (CO-OP) 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: _____

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: _____