



Northeastern University
Center of Community Service

Service-Learning Program

**WEEKLY LOG OF
SERVICE-LEARNING ACTIVITIES**

Name _____ Start Date _____ End Date _____

Course _____ Professor _____

Organization _____ Org. Contact _____

Weekly Supervisor (if different) _____ S-LTA (if applicable) _____

Week #	Date	Time of Service From & To	Summary of Service Performed	Initials of Weekly Supervisor
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				
Week 7				
Week 8				
Week 9				
Week 10				
Week 11				
Week 12				
Week 13				
Week 14				

Signature of S-L TA (if applicable) _____ Date _____

Signature of Org. Contact _____ Date _____

*To be signed during mid terms and/or the last week of service
and returned to professor or S-L TA by designation class.*

Contact Professor, S-L TA, or Center of Community Service at service-learning@neu.edu with questions.
www.neu.edu/servicelearning