

Cooperative Education Time Sheet

Date

	Week OF:	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Total Hrs _____

Student's Name (Print)

Student's Signature

Supervisor's Signature

I verify that the student has worked a minimum of 320 hours during the course.

Faculty Coordinator

Date