

Time Sheet for LSC Activities

Your name: _____ Your class: _____ Your instructor: _____ Quarter: _____ 20____

Date	Time	Duration	Cumulative	Activities	Staff Signature
<u>Example:</u> Mon, 9/26	11:30 - 1:30	1 hour	1 hour	ESL Software :English Interactive 3	<i>Inna</i>
<u>Example:</u> Tue, 9/27	2:00 - 2:50	50min	1h 50min	Pronunciation through Singing Workshop	<i>Miki</i>
Total Hours					