

CHARLESTON

SCHOOL OF LAW

Student Time Log

Semester & Course:	Student Name
Beginning: _____ / _____ / _____	
Ending: _____ / _____ / _____	Professor

Dates & hours logged	Brief Description of Work

Verification: I verify that the hours listed, and descriptions supplied above are accurate. I understand that the Charleston School of Law Honor Code applies to this representation.

Sign: _____ **Date:** _____

Professor: By signing below, I confirm that I have carefully reviewed this report and understand that it is my responsibility to keep it on file.

Sign: _____ **Date:** _____