

# 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.

<b>Sign:</b>	<b>Date:</b>
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**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.

<b>Sign:</b>	<b>Date:</b>
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