

Student Work Log

Louisiana State University Health Science Center
School of Public Health

Submit the completed and signed form to the practice experience dropbox. Attach additional sheets if needed.

Student Name

Academic Program

Student Phone

Student E-mail

Preceptor Name

Preceptor Title

Preceptor Phone

Preceptor E-mail

Organization/Agency Name

Date (weekly)

Number of Hours

General Activity

Date (weekly)

Number of Hours

General Activity

Date (weekly)

Number of Hours

General Activity

Date (weekly)

Number of Hours

General Activity

Date (weekly)

Number of Hours

General Activity

Date (weekly)

Number of Hours

General Activity

Date (weekly)

Number of Hours

General Activity

Total Number of Hours

Student's Signature: _____ Date: _____

Preceptor's Signature: _____ Date: _____

Date *(weekly)*

Number of Hours

General Activity

Date *(weekly)*

Number of Hours

General Activity

Date *(weekly)*

Number of Hours

General Activity

Date *(weekly)*

Number of Hours

General Activity

Date *(weekly)*

Number of Hours

General Activity

Date *(weekly)*

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Number of Hours

General Activity

Date *(weekly)*

Number of Hours

General Activity

Date *(weekly)*

Number of Hours

General Activity

Date *(weekly)*

Number of Hours

General Activity

Total Number of Hours

Student's Signature: _____ Date: _____

Preceptor's Signature: _____ Date: _____