

**Student Work Log**

**Louisiana State University Health Science Center  
School of Public Health**

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Submit the completed and signed form to the practice experience office. 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**

<b>Date</b>	<b>Number of Hours</b>	<b>General Activity</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date</b>	<b>Number of Hours</b>	<b>General Activity</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date</b>	<b>Number of Hours</b>	<b>General Activity</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date</b>	<b>Number of Hours</b>	<b>General Activity</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date</b>	<b>Number of Hours</b>	<b>General Activity</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date</b>	<b>Number of Hours</b>	<b>General Activity</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date</b>	<b>Number of Hours</b>	<b>General Activity</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Number of Hours</b>	<input type="text"/>	

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Number of Hours	General Activity
Date	Number of Hours	General Activity
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Date	Number of Hours	General Activity
Date	Number of Hours	General Activity
Date	Number of Hours	General Activity
<b>Total Number of Hours</b>		

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_