Product Time Log and Verification Sheet

(Type and expand to fit your hours.)

Mentor name (printed):_____ Topic:_____

Student name (printed):_____ Product: _____

Face-to-Face Mentor Contact Time (Must Equal 8 or more hours with a minimum of 3 face-to-face contacts with mentor!)

Date	Total Time (Minutes)	Activity	Student Initials	Mentor Initials

Individual Time Spent on Product (not face-to-face)

Date	Total Time (Minutes)	Activity	Student Initials	Mentor Initials

Total Product Hours

Face-to-Face (must equal 8 or more hours) =	
Individual Product Time =	
Total Time (must equal at least 15 hours) =	

Remember that you must have at least 5 interactions (face-to-face, e-mail, phone, letter, etc.) with your mentor.

Date Product Completed: _____

Student Signature: _____ Parent Signature: _____

Mentor Signature: _____ Advisor Signature: _____