

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 5 or more hours!)

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 5 hours) =	
Individual Product Time =	
Total Time (must equal 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: _____

Advisor Verified Time Log and Product Completion with Mentor on _____ (date)

Form of Verification (phone call, e-mail, conversation, etc.) _____