MAST@FIU Biscayne Bay Campus
Community Service Activity Log

Student Name: _____ Grade: _____ ID _____

Date	Activity	Hours	Date	Activity	Hours

Student's Signature: _____ Total Project Hours: _____

Supervisor's Name: _____ Supervisor's Signature: _____

Signature of Counselor or Lead Teacher: _____

NOTE: This log must be submitted to the school registrar by the last day of school to receive credit for the year.