

Student Work Log

Louisiana State University Health Science Center School of Public Health

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

Date

Number of Hours

General Activity

Total Number of Hours

Student's Signature: _____ Date: _____

Preceptor's Signature: _____ Date: _____

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

Student's Signature: _____ Date: _____

Preceptor's Signature: _____ Date: _____