

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

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

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

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

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