



**OUTSIDE STUDY HOURS**

STUDENT NAME: \_\_\_\_\_

PROGRAM GROUP: \_\_\_\_\_ CLASS: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ NUMBER of CREDITS: \_\_\_\_\_

LENGTH OF CLASS: From: \_\_\_\_\_ to: \_\_\_\_\_

WEEK	ASSIGNMENTS	NUMBER of HOURS	INSTRUCTOR INITIAL
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			

Number of **OUTSIDE HOURS** completed for this class:

\_\_\_\_\_

NB: The student must return this sheet to the instructor by the end of the term.