

**Exhibit B**

**INDEPENDENT STUDY  
WEEKLY LOG**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Work/Volunteer/Internship Location: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Contact Phone No.: \_\_\_\_\_

Date	Hours	Description of Duties	Supervisor's Signature

Guidance Counselor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to Guidance Office on a monthly or otherwise specified basis. Students must retain a copy with the guidance counselor's signature for their records.