Student Name: _____ E-Mail:_____ Semester: _____

Professor: _____ Course Title: _____ Class Time: _____

* Please note that cheating will not be tolerated. You must sign-in with the attached pen, and any corrections to your timesheet must be approved and initialed by an Archives worker. Timesheets will be photocopied periodically.

Date	Time-In	Time-Out	Project (Dates, Brief Description)	Stopping Point (Dates, Brief Description)

Total Number of Hours: _____

Have your entered all your data sheets into the database? (Yes – No)   If no, make a note of where you left off. _____

Archivist Signature: _____

*Once you have completed your hours you must obtain the Archivist's signature & complete an evaluation form.