CAS Hours Log Sheet

Name:_____ **Grade:**_____ **Graduation Year:**_____

Self-Evaluations for the hours below should be attached. This form must be typed or written in black ink.

Date and Time	Description of Activity and Verification	C	A	S	Total Activity Hours
	Total Hours (add each column)				

Student's Signature_____ **Date**_____

(Your signature indicates that the above hours were completed by you.)