Christian Institute of Arts & Sciences

2007 North 61st Avenue * Pensacola, FL 32506 * Fax 850-458-5132 * Phone 850-457-4058

_____ RECORD

DATE	HRS:MINS	ACTIVITY
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Total Hrs.	:	

I certify by my signature that the above hours of _____ were completed as recorded.

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Semester: 1 ❑ 2 ❑ Summer ❑ Quarter: 1 ❑ 2 ❑ 3 ❑ 4 ❑