DE LA SALLE
MEDICAL AND HEALTH SCIENCES INSTITUTE

ACADEMICS
LASALLIAN ADMISSION AND SCHOLARSHIP OPPORTUNITIES

TIME RECORD

Name of Scholar: _____
College: _____ Course/Year: _____
Semester: _____ School Year: _____
Area of Assignment: _____ Immediate Head: _____

DATE	IN	OUT	NO. OF HOURS	SIGNATURE OF OFFICE REPRESENTATIVE/SECRETARY

DATE	IN	OUT	NO. OF HOURS	SIGNATURE OF OFFICE REPRESENTATIVE/SECRETARY

TOTAL NO. OF HOURS: [ ] [ ]

I hereby certify that the information entered in this time record is true and correct.

_____
Scholar's Signature over Printed Name

CHECKED AND ENDORSED:

_____
Signature of Dean/Director/Head over Printed Name