



BEVILL STATE
COMMUNITY COLLEGE

STUDENT INDEPENDENT STUDY LOG

STUDENT NAME _____

COURSE NUMBER AND TITLE _____ SEMESTER _____

INSTRUCTOR NAME _____

Date	Assignment/Test	Time spent Meeting with Instructor	Time spent In class lecture	Time spent working on Assignment/Test	Grade on Assignment	Total Time

* Student should complete this form and return it to the instructor.
 * Instructor return completed form to the Campus Division Chair at the end of each semester.

INSTRUCTOR SIGNATURE _____

STUDENT SIGNATURE _____

CAMPUS DIVISION CHAIR SIGNATURE _____