

UNIVERSAL HIGH SCHOOL PROGRAM LEARNING LOG

Name: _____ Course name, Independent Study or Original Study: _____

Date Hours Record of Activity (What I did during this time.) Teacher of Record Comments Interim Check
by UHS Staff

Total Hours: _____

This log reflects time actually spent in independent study as specified in the learning plan or Independent Study contract.

Student's signature: _____ Date: _____ UHS Staff: _____

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