



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 |
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* Student should complete this form and return it to the instructor.
* Instructor return completed form to the College wide Dean at the end of each semester.

INSTRUCTOR SIGNATURE _____

STUDENT SIGNATURE _____