TCIS Off Campus CAS Activity Record

Student Name:_____Grade: _____ Graduation Year: ___

Activity Name:_____

TCIS Advisor Name: _____ Signature:_____

Organization Name: _____

Address: _____

Organization Supervisor Statement:

I can attest that the above named student has participated in this activity for the dates and duration listed in the table below.

Supervisor Name:_____Signature:_____

Date dd/mm/yy	**Activity type** C/A/S	**Time (hrs)**	**Supervisor initials**

Date dd/mm/yy	**Activity type** C/A/S	**Time (hrs)**	**Supervisor initials**