

Arrupe Corporate Work Study Program

Please complete all log entries, including your supervisor's signature. Feel free to write on the back!

Student name (First and Last): _____ Company: _____

Supervisor name: _____ Supervisor Phone number: _____

| Work date | Time in | Lunch out | Lunch in | Time out | Supervisor Name (Please Print) | Supervisor Initials |
|-----------|---------|-----------|----------|----------|--------------------------------|---------------------|
| | | | | | | |

STUDENT: Describe how you plan to improve upon any weaknesses and/or capitalize on any strengths this semester (Work Experienced)

SUPERVISOR COMMENTS: Please check this box if you would like a CWSP staff member to contact you. Feel free to write on the back!

| Work date | Time in | Lunch out | Lunch in | Time out | Supervisor Name (Please Print) | Supervisor Initials |
|-----------|---------|-----------|----------|----------|--------------------------------|---------------------|
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STUDENT: What new challenges or experiences would you like to have this semester? (Open to Growth)

SUPERVISOR COMMENTS: Please check this box if you would like a CWSP staff member to contact you. Feel free to write on the back!

| Work date | Time in | Lunch out | Lunch in | Time out | Supervisor Name (Please Print) | Supervisor Initials |
|-----------|---------|-----------|----------|----------|--------------------------------|---------------------|
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STUDENT: When did you feel confident today, or when did you share your time/talents with others? (Loving)

SUPERVISOR COMMENTS: Please check this box if you would like a CWSP staff member to contact you. Feel free to write on the back!

| Work date | Time in | Lunch out | Lunch in | Time out | Supervisor Name (Please Print) | Supervisor Initials |
|-----------|---------|-----------|----------|----------|--------------------------------|---------------------|
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STUDENT: Describe how you positively contribute to your company's mission (Religious)

SUPERVISOR COMMENTS: Please check this box if you would like a CWSP staff member to contact you. Feel free to write on the back!

| Work date | Time in | Lunch out | Lunch in | Time out | Supervisor Name (Please Print) | Supervisor Initials |
|-----------|---------|-----------|----------|----------|--------------------------------|---------------------|
| | | | | | | |

STUDENT: Describe a problem or question you faced today and how you solved it (Intellectually Competent)

SUPERVISOR COMMENTS: Please check this box if you would like a CWSP staff member to contact you. Feel free to write on the back!

**If you need reach the CWSP office, please call
(303) 710-7040**

