

JAMVAT TIME CARD 2014-2015

Student's Name: _____ (Last name) _____ (First name)

Student's Contact #: _____ **Supervisor's name:** _____

Name of Institution: _____ **Alternate Supervisor's name:** _____

Faculty: _____ **Supervisor's Contact #:** _____

Student's ID #: _____ **Placement Facility:** _____

Placement Address: _____

Total hours completed on this timecard: _____

[illegible]

I _____ certify that the hours stated on this time card were actually completed by me at the site indicated.

I acknowledge that any false information herein will result in immediate disqualification from the programme.

*Each time card used **MUST** be **SIGNED** and **STAMPED** by the Placement Supervisor.

****The participant and Supervisor/s MUST sign for EACH day.**