

COLLIN COLLEGE DENTAL ASSISTANT EXTERNSHIP TIMESHEET

STUDENT NAME _____
 STUDENT CONTACT NUMBER _____
 WEEK ENDING _____

CLINICAL SITE _____
 SITE TELEPHONE NUMBER _____
 DROP OFF TIME SHEET DURING OFFICE HOURS: A223
 OR SCAN AND EMAIL : pgarcia@collin.edu

Day	Date	Time In	Lunch In	Lunch Out	Time Out	Total Time	Competencies Practiced/Achieved	Proctor	Instructor
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									

Total Weekly Time

CALCULATE YOUR HOURS WEEKLY!

TOTAL HOURS NEEDED TO COMPLETE EXTERNSHIP: 50 HOURS

Student Signature _____

Site Signature/ Date _____