**Names:**

**Service Learning Timeline**

Please complete the timeline below and turn it in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ You MUST meet with your advisor once per week to let them know your progress.

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| **Week** | **What we’ll do** | **Who will do it** | **Estimated Time** |
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**Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**