



Student Full Name: _____

Advisor Name: _____

Date: _____

PWR Endorsed Diploma

CECFC School Activities Log (two semesters minimum)

1. Activity/Club 2. Teacher/Staff Name 3. Semester & Year	Hours completed Date	Signature of CECFC teacher/staff
1. _____ 2. _____ 3. _____	_____ _____ Date	
1. _____ 2. _____ 3. _____	_____ _____ Date	
1. _____ 2. _____ 3. _____	_____ _____ Date	
1. _____ 2. _____ 3. _____	_____ _____ Date	
	Total hours _____	

 Student Signature Date Advisor Signature Date



Student Full Name: _____

Advisor Name: _____

Date: _____

PWR Endorsed Diploma Work Experience Log

(10 hours month over 3-month period minimum)

1. Name of business 2. Supervisor/manager name 3. Phone number	Hours completed Date	Signature of manager/supervisor
1. _____ 2. _____ 3. _____	_____ Date	
1. _____ 2. _____ 3. _____	_____ Date	
1. _____ 2. _____ 3. _____	_____ Date	
1. _____ 2. _____ 3. _____	_____ Date	
	Total hours _____	

Student Signature

Date

Advisor Signature

Date