



GEAR UP INDIVIDUAL SERVICE LOG



GEAR UP STUDENT NAME _____

LIAISON NAME _____

Date:	Time: (minutes)
<input type="checkbox"/> Comprehensive Mentoring <input type="checkbox"/> Financial Aid Counseling / advising <input type="checkbox"/> Rigorous Academic Curricula	
<input type="checkbox"/> Counseling / Advising / Academic Planning / Career Counseling <input type="checkbox"/> College Visit / College Student Shadowing <input type="checkbox"/> Job Site Visit / Job Shadowing <input type="checkbox"/> Other: Phone <input type="checkbox"/> Other: Please specify below	
Comments: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Student Signature: _____