**TSHA INDEPENDENT STUDY**
**Verification of Completion Log**

| Date | Title/Activity | Time/Hours | Signature |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**TOTAL HOURS:** __________

The above is documentation of the actual clock hours required for completion of the Independent Study.

______________________________________________
Participant Signature Date

______________________________________________
Sponsor/Presenter Signature Date