TECHNOLOGY STUDENT ASSOCIATION PLAN OF WORK LOG Team member responsible (student initials) Date Task Time involved Comments 1. 2. 3. 4. 5. 6.

Advisor Name: _		Student Initials:
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Advisor Signature:

TECHNOLOGY STUDENT ASSOCIATION PLAN OF WORK LOG Team member responsible (student initials) Date Task Time involved Comments 1. 2. 3. 4. 5. 6.

Advisor Name: _				Student Initials:			
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Advisor Name:		Student Initials:	

Advisor Signature: