Hours Prepaid _____

Minnesota North College
Customized Training Solutions

STUDENT DRIVING LOG SHEET

Please record student's entire drive time on this sheet

Students: Please make sure you take this sheet with you to each driving session for your instructor to complete.
Instructors: Please complete after each driving session with student. Turn in to office when student has completed test.

Student's Name: _____ Class start (month/year)_____

Date	Range hours this trip/Total	Open road hours this trip/Total	Drive miles This Trip	Drive miles Running Total	Instructor Signature or initials	Student Signature or initials
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