Student Service-Learning Tracking and Verification Sheet

Name:

Semester:

Course: _____ Professor: _____

Community-Based Organization:

Date	Time In	Time Out	Hours	Activities

Total Hours: _____

I hereby certify that the hours listed above are true and correct for my service placement.

Student Signature:

I hereby certify that I supervised the service hours completed by the above-named student and they are true and correct.

Site Supervisor:

Print

Signature

Supervisor Phone Number/Email:_____