



SERVICE HOURS

VERIFICATION INFORMATION

Student name: _____

Graduation year: _____

Organization: _____

***Supervisor's Name:** _____

Position title: _____

Phone: _____

Date of Service: _____

Hours Earned: _____

Student's Comments:

Supervisor's Comments:

Supervisor's signature: _____

Date: _____

Student's signature: _____

Date: _____

* The Supervisor must be someone who is not related to the student. Service must be done with a non-profit organization.