



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.