

SERVICE-LEARNING

Work Hours Verification

|  |  |
| --- | --- |
| **Student Name** |  |
| **Course** |  |
| **Instructor** |  |
| **Term** |  |
| **Organization** |  |
| **Supervisor** |  |
| **Total Number of Hours Worked** | (minimum of 25 hours required) |

|  |  |  |
| --- | --- | --- |
| **Student Signature** |  | **Date** |
| **Supervisor Signature** |  | **Date** |