

COMMUNITY SERVICE REQUIREMENT

PROJECT COMPLETION FORM

STUDENT'S NAME: _____ YEAR OF GRADUATION: _____

COMMUNITY SERVICE ACTIVITY INFORMATION

Non Profit Organization: _____

Supervisor's Name: _____

Community's Service Activity: _____

Starting date of your Community Service Project: Month: _____, Year: _____

Final completion date of your Community Service: Month: _____, Year: _____

Total hours of Community Service completed during this project: _____ hours.

Supervisor's Signature

Date