

Service Project Record

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|--|---|-------|
| Group Completing the Project: _____ | | |
| Project Name: _____ | Project Date(s): _____ | |
| Population/ Organization Served: _____ | | |
| Total Number of Participants: _____ | Total Number of Service Hours: _____ | |
| <i>I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.</i> | | |
| Requestor: _____ | _____ | _____ |
| Print Name | Signature | Date |

Brief Project Description:

Names of Participants (Number of hours participated):

Please return this completed form to the Office of Student Life

| | | | |
|--------------------------|-------------|---------------------|-------------|
| Internal Use Only | | | |
| Received by: _____ | Date: _____ | Processed by: _____ | Date: _____ |