



Community Service Confirmation Form

Total number of hours worked: _____ (5 hours required per semester)

Dates when hours were completed: _____

Department or Organization where the work was completed:

Address: _____

Phone: _____

Email: _____

Student Reflection (50 word minimum): _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary compensation was paid to _____. (Print student name)

Supervisor Name (print) _____ Title: _____

Supervisor's Signature _____ Date: _____

Student's Name (print) _____ Date: _____

Student's Signature _____ Date: _____

Return form to:
The Department of Student Affairs
Or email USKStudentAffairs@usk.edu