



Community Service Confirmation Form

Total number of hours worked _____

Department or Organization where work was done:

Name of Supervisor:

(please print)

Address: _____

Phone: _____

Description of work done: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary remuneration was paid

to _____.

Name of Student (please print)

Name: _____ Title: _____

Supervisor (please print)

Supervisor's Signature Date

Student's Signature Date