

# CENTER *FOR* SERVICE-LEARNING

## QUARTERLY RECORD OF SERVICE HOURS

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Quarter: \_\_\_\_\_

Course/Section: \_\_\_\_\_ Instructor: \_\_\_\_\_

DATE	# OF SERVICE HOURS COMPLETED	*QUANTIFY THE SERVICE COMPLETED	PLACEMENT (Community Site)	POSITION	VERIFICATION (site supervisor or equivalent) by signing you agree that the hours are an accurate record of service	
					print name	signature
Example 9/30/2009	Example 2.5	Example 4 at-risk youth	Example Shoreline Tutoring Program	Example Tutor	Example Ima Supervisor	Example <i>Ima Supervisor</i>

**To be completed by the student:**

\* Please describe in greater detail the services completed over the course of the quarter so that we can properly document the impact that you made in the community.

**NOTE:** My signature certifies that this is an accurate record of my service-learning activities and I understand that any falsification of hours will warrant disciplinary action as defined in my course syllabus. This may include withholding of credit, lowering of grade, and/or failure (0.0) for the assignment and/or course. SCC Policy 5033.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_