University Service Hours Verification

	nplete all information			
Name of Student:			Total # of Hours Required	
up	ervisor Name/Phone	Number:		
on			o the Conduct Officer/Resident Director when dent Conduct File and you are given credit for completing	
		ce Hour Worksheet! Y re-do hours you have	You are the person responsible for it. <i>If you lose this she already completed.</i>	
1.	Number of Hours Completed		Number of Hours Remaining	
	Date	Student Initials	Supervisor Signature	
	Describe Location ar	nd Work Done		
2.	Number of Hours Co	ompleted	Number of Hours Remaining	
	Date	Student Initials	Supervisor Signature	
	Describe Location ar	nd Work Done		
3.	Number of Hours Co	ompleted		
	Date	Student Initials	Supervisor Signature	
	Describe Location and Work Done			
4.	Number of Hours Co	ompleted	Number of Hours Remaining	
	Date	Student Initials	Supervisor Signature	
	Describe Location and Work Done			
5.	Number of Hours Co	ompleted	Number of Hours Remaining	
	Date	Student Initials	Supervisor Signature	
	Describe Location ar	nd Work Done		