EDUCATION STUDENT Service Hour Tracking Form

STUDENT NAME:

SERVICE DESCRIPTION (Brief summary of activities completed and impact of service work (what you did, how many people served, etc.))

PROFESSOR AND COURSE NUMBER/CAMPUS ACTIVITY/CLUB/SPORT TEAM TO WHICH YOU WOULD LIKE TO APPLY THIS SERVICE (can choose up to 4 of the above):

Days and Time Class meets (if applying to a class):

Choose One:

- Youth Achievement: ☐
- Parks and Open Spaces: ☐
- Healthy Communities:
- Public Safety: ☐
- Other (Describe): ☐

SERVICE AGENCY/EVENT NAME AND ADDRESS:

Please use a new form for each agency/organization.

<table>
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<tr>
<th>SERVICE DAY/DATE</th>
<th>Time-In</th>
<th>Time-Out</th>
<th>SUPERVISOR SIGNATURE/DATE</th>
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Supervisor’s Comments: Please use the space below to provide feedback to the Office for Service and Social Action about any concerns, questions or updates you wish to share about this service activity of our student’s participation.

Please review, sign, and fax this form (or scan and attach to email) to USF’s Office for Service and Social Action at serve@sf.edu or (260) 399-8178 WITHIN ONE WEEK of the day of service, if at all possible. Thank you!

Rev. 07/06/16
, kpb