Saint Louis University Center for Social Action

Service-Learning Course Hours Form

Student Name: _____ Date: _____

Email Address: _____

Course Name: _____ Course Number: _____

Course Instructor: _____

Community Partner: _____ Phone: _____

Contact Person: _____ Email: _____

Total Service Hours Required for Course: _____ Total Hours Completed: _____

Date of Service	Times	Number of Hours Completed

TO BE COMPLETED BY COMMUNITY PARTNER:

"I certify that above dates and times are correct to the best of my knowledge, and that the student completed the number of service hours that was required by the course."

Signed: _____ Date: _____

www.slu.edu/service