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: _______

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<tr>
<th>Date of Service</th>
<th>Times</th>
<th>Number of Hours Completed</th>
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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: ________________

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