

CERTIFICATION SHEET
CENTER FOR SERVICE LEARNING

Name: _____ Course: _____ Section: _____ Instructor: _____

Name of Site: _____

Site Supervisor: _____

(Street) (City) (State) (Zip Code)

Total Number of Hours Required for Course: _____ Mandatory Optional

Student Signature: _____

This is to certify that student _____ volunteered at our site on the following date(s):

DATE	TIME	NUMBER OF HOURS

Additional Comments: _____

Site Supervisor Signature: _____ Date: _____