SERVICE LEARNING DOCUMENTATION FORM

Instructor:			
Name of Course:			
Course Number:	Section:	Term:	
Number of students in the	class:		
Title of Assignment/Project	:		
Required number of service	e hours for EACH student:		
TOTAL number of service h	ours completed for this cla	ss:	

PLACES STUDENTS VOLUNTEERED

Name of Agency	<u>City</u>	<u>State</u>

Please add to this sheet (on back) or attach any meaningful comments about the project from the reflection papers.