



OUR MISSION IS STUDENT SUCCESS...ACADEMIC, ARTISTIC, AND HUMANISTIC

45 Prince Street at University, Rochester, NY 14607 Tel.: (585) 242-7682 Fax: (585) 256-6580

Community Service Hours Approval Form

Student Name: _____ Year you will graduate: _____

_____ Name of Organization	_____ Organization Contact Person
_____ Address of Organization	_____ Organization Contact Phone/Email
_____ #Hours of Service	_____ Date(s) of Service
_____ Pre-Approval Signature	

Description of Service to be Performed: Full sentences/write legibly

BELOW TO BE COMPLETED AFTER SERVICE HOURS ARE PERFORMED

Why did you choose this community service activity? Full sentences/write legibly

What did you learn while completing this community service activity? Full sentences/write legibly

I certify that this student has completed the services named above for the number of hours named above.

Signature of Organization Contact Person

