



Nursing Program Service Learning Form

THIS FORM SHOULD BE TURNED IN TO THE *Center for Student Involvement* IN SM267

Please complete a different form for EACH class and/or EACH different organization.

Year _____ Semester: Fall Winter Spring Summer I Summer II _____ Today's Date _____

Last Name First Name GCC ID #

GCC Course Name and Number Instructor

Email Address: _____
(Please write email address in ALL CAPS and the number "zero" as 0)

Received by CSI On: _____	By: _____	Entered In Database On: _____	By: _____
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Name of Agency: _____ Agency Phone #: _____

Name/Title of Person Completing This Form: _____

Agency Representative Signature: _____ Date Signed: _____

What activities did the student participate in? _____

THIS FORM MUST BE SIGNED BY STUDENT TO BE VALID AND REPORTED TO YOUR INSTRUCTOR

Date	Time In	Time Out	Daily Total	Supervisor Name (Print)	Supervisor Signature	Supervisor Phone Number
Total Hours						

I verify that the above is true and correct.

(Student Signature)