

Community Service Form (CSF)



Student Name: _____ Date of Activity: _____

Service Activity: _____ Duration of Activity: _____

Write a brief description of the service activity:

Name of Activity Coordinator: _____

Coordinator Signature: _____ Total time completed: _____

Submission Process:

If submitting before service activity:

1. Student and Activity portion of the CSF should be completed.
2. Submit CSF to the Registrar's Office for review by the Administrative Committee. The Administrative Committee meets most Wednesdays at lunch.
3. After review, CSF will be returned to student.
4. If approved, deliver signed CSF to the Registrar's Office after service activity is completed.

If submitting after service activity:

1. Student, Activity and Coordinator portion of the CSF should be completed.
2. Submit the signed CSF to the Registrar's Office for review by the Administrative Committee. The Administrative Committee meets most Wednesdays at lunch.
3. After review, student will be notified if the activity was approved or denied.

For office use only

Administrative Committee: *Approved* *Denied* Date: _____