**CENTER FOR SERVICE-LEARNING**

**QUARTERLY RECORD OF SERVICE HOURS**

Name: ____________________________  Student ID: ____________________________  Quarter: ____________________________

Course/Section: ____________________________  Instructor: ____________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th># OF SERVICE HOURS COMPLETED</th>
<th>*QUANTIFY THE SERVICE COMPLETED</th>
<th>PLACEMENT (Community Site)</th>
<th>POSITION</th>
<th>VERIFICATION (site supervisor or equivalent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 9/30/2009</td>
<td>Example 2.5</td>
<td>Example 4 at-risk youth</td>
<td>Example Shoreline Tutoring Program</td>
<td>Example Tutor</td>
<td>Example Ima Supervisor</td>
</tr>
</tbody>
</table>

To be completed by the student:

* Please describe in greater detail the services completed over the course of the quarter so that we can properly document the impact that you made in the community.

NOTE: My signature certifies that this is an accurate record of my service-learning activities and I understand that any falsification of hours will warrant disciplinary action as defined in my course syllabus. This may include withholding of credit, lowering of grade, and/or failure (0.0) for the assignment and/or course. SCC Policy 5033.

Student Signature ____________________________________________  Date ____________________________