



WALSH UNIVERSITY

A Catholic University of Distinction

Office of Service Learning

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Student Name (print):

Agency/Organization:

Agency/Organization Contact Name:

Phone:

Email:

| Date | Time In | Time Out | Total Hours | Activities | Staff Initials |
|------------------------------------|---------|----------|-------------|------------|----------------|
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| Total Semester Hours Served | | | | | |

Signatures:

Student

Organization Representative

Date

Please submit this sheet to the Service Learning Office (GLC 133) by the final week of the semester.