



Service-Learning
Kristi Campbell
Chief Student Conduct Officer
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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
Total Semester Hours Served					

Signatures:

_____ Student

_____ Organization Representative

_____ Date

Please submit this sheet to the Service Learning (Paul & Carol David Family Campus Center; Student Affairs) by the final week of the semester.