Record of Service Experience

Eastern Mennonite University – Community Learning

STUDENT NAME: _____**SEMESTER:** _____**YEAR:** _____

STUDENT ID #: _____**INSTRUCTOR:** _____

COURSE TITLE & NUMBER: _____

AGENCY REPRESENTATIVE: _____

AGENCY/PROGRAM: _____

Date	In	Out	Hours	Responsibilities*
		Total Hours:		

*Please note types of activities you participated in during your placement.

STUDENT Signature:_____ **Date:**_____

Agency Representative Signature: _____ **Date:** _____

Student: Thank you for assisting CL by keeping record of your service hours. ***If your community learning is for a class, please turn this form in to your professor so that you can receive credit for your work.*** *If your community learning is not for a class, please bring it to CL in Campus Center, 3rd floor, Room 337 at the end of your semester.*

Eastern Mennonite University, Campus Center, Room 337, 1200 Park Road, Harrisonburg, VA 22802
Deanna Durham, Community Learning Coordinator, deanna.durham@emu.edu, 432-4912 ext. 1
Derrick Charles, Agency Liaison, derrick.charles@emu.edu, 432-4912, ext. 2
Lori Gant, Lilly Project Office Coordinator, lori.gant@emu.edu, 432-4911