

UNIVERSITY HONORS PROGRAM COMMUNITY/UNIVERSITY SERVICE

Name: _____ Dawg Tag: _____

Email: _____ Phone: _____

Check all that apply: we will forward this information to each checked organization for you:

- Chancellor Scholar**
- University Excellence Scholar**
- Fraternity or Sorority:** _____
- Registered Student Organization(s):** _____

Name of Event: _____

Date(s) of Event: _____

Number of Hours: _____

Describe the service you provided: _____

I signify that the participation information supplied above is true and accurate to the best of my knowledge and understand that, if the information provided is falsified or does not meet the required criteria of my condition, it will not be counted towards my total completed hours and there will not fulfill the required condition. I also signify I have made a copy of this form for my personal records.

Volunteer Signature:	Date:
----------------------	-------

Printed name of Organization Contact Person:	Phone:
Signature:	Date:

RETURN THIS FORM, FULLY COMPLETED, WITH SIGNATURES, TO UNIVERSITY HONORS

DATE GRID ON REVERSE SIDE

Daily Log-In Sheet
Use for ongoing activities

Date	Hours

Date	Hours