

**Office of Civic Engagement
Georgia State University
Student Center
P. O. Box 3973
Atlanta, GA 30302-3973**

Service Learning Verification Form

Name: _____

Street Address: _____

City: _____ State: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Age: __ Gender (M or F) Race: _____

Do you have transportation: Yes / No

Please fill out the following information for the Service Learning Course.

Section/Time: _____ Instructor _____

Project selected: _____

Date project will be performed _____ Actual Service Date: _____

I certify that I have completed all hours recorded on this form:

Number of hours completed: _____

Student Signature: _____

Agency Representative Signature: _____

Office of Civic Engagement Signature: _____