



Academic Support Centers (ASC) Community Service Hours Verification Form

Please complete a separate form for each activity.
Please Return This Form to the University Center, Room 202

Please Select Program: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> ASC Mentoring Program (AMP) | <input type="checkbox"/> INROADS |
| <input type="checkbox"/> College Access Partnership Award (CAP-A) | <input type="checkbox"/> Learning Assistance Programs (LAP) |
| <input type="checkbox"/> Dr. Donald Suggs Scholarship | <input type="checkbox"/> Dr. Martin Luther King, Jr Scholarship |
| <input type="checkbox"/> Educational Access Programs (EAP) | <input type="checkbox"/> TRIO/McNair Scholars Program (McN) |
| <input type="checkbox"/> EAP/Matching Success Award (MSA) | <input type="checkbox"/> TRIO/Student Support Services (SSS) |
| <input type="checkbox"/> EAP/MERIT Award | <input type="checkbox"/> Other |

Name: _____ Southeast ID: _____

Cell Phone: _____ Southeast Email: _____

Event Date: _____

Event Title: _____

Event Location: _____

Total Number of Hours Completed: _____

To be completed by Agency: (this portion can NOT be completed by a current Southeast student)

Name of Agency: _____

Name of Agency Representative (**print**): _____

Signature of Agency Representative: _____

Phone Number: _____ Email: _____

Please Note:

- **Submitting this verification form does NOT guarantee the hours indicated will automatically approved.**
- **Please review all guidelines pertaining to the acceptable community service hours and address all questions or concerns with the appropriate ASC staff member.**
- **It is the student's responsibility to submit verification of hours by Monday, May 6, 2019 by 5:00 PM.**

I verify these hours meet the following definition of community service: Volunteer service beyond the confines of a traditional classroom that fosters civic responsibility for the benefit of the community. This service is non-paid, non-graded, and non-punitive.

Student Signature: _____ **Date:** _____

For ASC Office Use Only:

Contact data entry date: _____ Initials: _____