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**Service Learning Log-in Form**

Jackson State University 601-979-1294 (office)

Jacob L. Reddix Building 1st Floor, Suite 110

**Directions: Forms should be completed legibly and turned into your professor; we will not accept faxed forms.**

**Deadline –November 20, 2015**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ J#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester (Fall\_\_\_ Spring\_\_ Summer\_\_\_)

Site name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Time In** | **Time Out** | **Hours** | **Services Provided** | **Site Supervisor Original** **Signature**  |
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| **Date** | **Time In** | **Time Out** | **Hours** | **Service Provided** | **Site Supervisor Original Signature**  |
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Total Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the above student’s site supervisor, do certify that the above mentioned

student (*supervisor’s printed name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ completed the above listed hours and is not a paid employee, consultant (*student’s printed name)*

or work-study student at my organization/agency.

**Site Supervisor’s Original Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site Fax Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Original Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEADLINE November 20, 2015**