



Service-Learning Log-in Form

Jackson State University
Jacob L. Reddix Building

601-979-1294 (office)
1st Floor, Suite 110

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

Deadline - April 17, 2015

Name_____

J# _____

Contact # _____

Instructor _____

Course_____

Semester (Fall___ Spring___ Summer___)

Site name_____

[illegible]

Date	Time In	Time Out	Hours	Service Provided	Site Supervisor Original Signature

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 _____

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