



## Service-Learning Log-in Form

Jackson State University  
Jacob L. Reddix Building

Office Phone: 601-979-1294  
1<sup>st</sup> Floor, Suite 110

**Forms should be completed legibly and turned into your professor.**

Please Note: We will **not** accept faxed forms.

**Service Dates: January 12, 2015 – April 17, 2015**

**Deadline - April 17, 2015**

Name\_\_\_\_\_

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

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

Instructor \_\_\_\_\_

Course\_\_\_\_\_

**Semester: Spring 2015**

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 \_\_\_\_\_

**DEADLINE: April 17, 2015**