COMS 101 Student Tracking and Verification Form

Student Name: _____ **Semester:** _____

Course: **Community Service 101** **Instructor:** **Michael Chris Fiorentino**

Community-Based Organization: _____

Date	Time In	Time Out	Hours	Activities

Total Hours: _____

I certify that the hours listed above are true and correct for this service placement.

Student Signature: _____

I certify that I supervised the service hours completed by the above named student, that they are true and correct, and that I am authorized by the agency to sign this verification form. (Relatives and personal friends should not sign the form.)

Site Supervisor: _____ _____

Print Name Signature

Supervisor Phone
Number & Email: _____