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)

- ASC Mentoring Program (AMP)
- College Access Partnership Award (CAP-A)
- Dr. Donald Suggs Scholarship
- Educational Access Programs (EAP)
- EAP/Matching Success Award (MSA)
- EAP/MERIT Award

- INROADS
- Learning Assistance Programs (LAP)
- Dr. Martin Luther King, Jr Scholarship
- TRIO/McNair Scholars Program (McN)
- TRIO/Student Support Services (SSS)
- 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 be 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 1, 2017 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: _____________

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For ASC Office Use Only:

Contact data entry date: __________________________ Initials: _____________