

### Community Service Learning Agreement

**Student Name:** \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

**SUID:** \_\_\_\_\_  
Major(s): \_\_\_\_\_

*This form must be submitted after the completion of the required hours of on-site, unpaid community service at a non-profit agency within the Syracuse University community (unless otherwise approved by your advisor).*

*\*75 hours of volunteer service (up to 2 separate locations)*

*\*Greek affiliation/Athletic volunteer work and service outside of the US will not be accepted*

Supervisor Name and Title: \_\_\_\_\_

Firm/Agency Name: \_\_\_\_\_

Firm/Agency Address: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Community Service Project Description:

Service (What exactly did you do?):

Learning (What did you learn from this experience?):

Leadership Skills (What leadership skills did you develop during this experience?):

*I verify that the above student completed the minimum required hours of unpaid service at the firm/agency listed above.*

Supervisor Signature/Date: \_\_\_\_\_

**Office Use Only**

Recorder:  
Term registered: