Miami University
Office of Community Engagement and Service

Hanna House
Oxford, OH 45056
www.muohio.edu/servicelearning/
513.529.2961
Fax 513.529.6527

Service Participant Form

Academic Year 2006-2007

❑Fall ❑Spring ❑Summer

Class Information

Course Name/# _____ Instructor _____

Student Information

First Name _____ M.I.____ Last Name _____

Phone _____ E-mail _____

Was your service experience required as part of a class? ❑ Yes ❑No
If yes, was this part of the Service-Learning Extra Credit Option? ❑Yes ❑No

Do not combine date or signatures.

Dates	Service Activity	Agency Name	Hours	Supervisor's signature
		Total hours		

I certify that I have completed all hours recorded on this form.

Signature_____ Date_____