

**Glendale Community College
Multicultural & Community Engagement Center**

**Nursing Program
Service Learning Form**

THIS FORM SHOULD BE TURNED IN TO THE MCEC IN SM267

Please complete a different form for EACH class

Year _____ Semester: Fall Spring

_____ Today's Date

_____ Last Name

_____ First Name

_____ GCC ID #

_____ GCC Course Name and Number

_____ Instructor

Email Address: _____

(Please write email address in ALL CAPS and the number "zero" as 0)

----- Fold Here -----

Name of Agency: _____ Agency Phone #: _____

Name/Title of Person Completing This Form: _____

Agency Representative Signature: _____ Date Signed: _____

What activities did the student participate in? _____

THIS FORM MUST BE SIGNED BY STUDENT TO BE VALID AND REPORTED TO YOUR INSTRUCTOR

Date	Time In	Time Out	Daily Total	Supervisor Name (Print)	Supervisor Signature	Supervisor Phone Number
Total Hours						

I verify that the above is true and correct.

_____ (Student Signature)