



COMMUNITY SERVICE FORM

AMERICAN UNIVERSITY OF HEALTH SCIENCES

Note: This form must be returned to the department of the school you are enrolled in.

Student's Name: _____ Date: _____

Enrolled Program: _____

EVENT NAME	TIME IN	TIME OUT	TOTAL HOURS	ASSIGNMENTS	VERIFICATION SIGNATURE/DATE
TOTAL HRS					

COMMENTS (if you need more space, please use the back):

Department Head Signature: _____ Date: _____

Student Services Director Signature: _____ Date: _____