

**Student Form Signed by Supervisor  
Service-Learning Program**

**Please return this form to your service-learning teacher:**

Service-Learning Student: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Event: \_\_\_\_\_

Supervisor(s) name and title: \_\_\_\_\_

Number of hours during service-learning project: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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