



1. To be completed by student:

Name Student ID# Student Contact (cell preferred) In which term was this service completed? Description of completed Service:

2. To be completed by Ministry Supervisor:

\*\*Minimum semester requirements call for 30 hours of Service in an activity for which they are not receiving academic credit or compensation.

How many hours did the student complete?

Did the student receive payment or academic credit? Yes No

(If yes, please explain):

How closely was the student's work supervised? very closely closely occasionally never

Table with 5 columns: Check the items that apply, Always, Usually, Seldom, Never. Rows include Student was punctual, Student was industrious, Student had a good attitude, Student showed initiative, Student demonstrated good judgment.

Please give a quick evaluation of the student's performance or any recommendations you would make to the student for future Service work:

Do you have any additional recommendations for improving William Jessup University's Service Program?

Would you recommend that the student be given Service credit? Yes No

Name of Supervisor (please print):

Signature of Supervisor: Date:

Position: Organization:

Phone Number: E-mail:

PLEASE NOTE: This form WILL NOT BE ACCEPTED unless it is faxed or sealed in an envelope and submitted to the Office of Student Life no later than the Friday before Finals Week for the correlating semester.

Office Use Only: Approved Denied Received Date Received by Comments: Authorized Signature Date