



HONORS PROGRAM

For more information, contact:
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Location: Main, Bldg. 3034, Suite 200
Honors Chair, Dr. Katherine Echols,

Community Service Verification Form

Student Name: _____ UIN: _____

Semester: Fall Spring

Organization Community Service Was Performed With: _____

Supervisor's Name: _____

Supervisor's Email: _____ Phone: _____

To be filled out by student

Reflection of Service Performed:

Student's Signature

Date

To be filled out by supervisor

Number of Service Hours: _____

Comments:

Supervisor's Signature

Date