

SWC INSTRUCTOR'S SIGNATURE: _____ **Date:** _____
(TO BE SIGNED AFTER HOURS HAVE BEEN COMPLETED)

Hours Completed at Site (please fill out below for EACH DAY that you volunteer)

[illegible]

**You will receive a certificate of recognition and co-curricular transcript in approximately two months after the end of the semester.
Thank you for your participation in the Service Learning Program.**

