

COMMUNITY SERVICE LEARNING

REGISTRATION FORM

| FALL WN7 | TR SPR SUM Class | sification: Freshman Sophomore Jun | ior Senior Transfer | |
|----------------------|------------------|---|--|--|
| Date: | Student ID#: | MVSU Email: | | |
| Personal Information | | | This information is used for statistical purposes only and to | |
| Name: | | Male Female | provide information required by the Federal Government. You are not | |
| Home Address: | | | required to answer these questions to complete your community service learning hours; however, an answer would be appreciated. | |
| City/State/Zip | · | | Ethnic Origin | |
| Day Phone: | Evening Phone: | Cell Phone: | ☐ White, not Hispanic☐ Black, not Hispanic | |
| Campus Infor | mation | | ☐ Hispanic ☐ Asian/Pacific Islander | |
| Major: | Field of | Field of Interest: | | |
| Campus Addre | ess: | Room#: | ☐ Non-Resident/Alien | |
| before I begin ar | | equirement. It is understood that I must fill out a conderstand that freshman students must complete e hours. | | |
| Student Signature: | | Date: | | |
| CSL Signature: | | Date: | | |