

## **COMMUNITY SERVICE LEARNING REGISTRATION FORM**

FALL WNTR S	SPR SUM	Freshman Transfer	
Date:Student ID#:MV PERSONAL INFORMATION:  Name: Home Address: City/State/Zip: Day Phone:Evening Phone: CAMPUS INFORMATION:		Male: Female:	mot required to answer these questions to complete your community service learnin hours; however, an answer would be appreciated.  Ethnic Origin:  White, not Hispanic  Black, not Hispanic  Hispanic  Asian/Pacific Islander  American Indian/Alaskan Native
Major:	Field of Interes	si:	Non-Resident/Alien
Campus Address:		Room#:	
before I begin any community		ent. It is understood that I must fill out a co d that freshman students must complete 60	
Student Signature:		Date:	
CSL Signature:		Date:	