



**MISSISSIPPI VALLEY STATE**  
UNIVERSITY®

## Community Service Learning

### Group Time Sheet

Name/Title of Activity: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Supervisor: \_\_\_\_\_

**PLEASE PRINT OR WRITE CLEARLY**

ID #	NAME	# HRS	MAJOR/ATHLETICS	GREEK/ORG/INTL.

**I hereby verify that the students named above completed the total hours listed.**

Advisory/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_