



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: _____