



MULTIPLE PLACEMENT SITE HOUR REPORT AND SHOAT VERIFICATION

Student Name: <small>(Printed or typed)</small>	Student Number:	Student Telephone
Type of Activity: <input type="checkbox"/> Field Study (4th & 5th Credit Option) <input type="checkbox"/> Community Involvement <input type="checkbox"/> Human Service Experience <input type="checkbox"/> Service-Learning Class Option <input type="checkbox"/> Volunteer Service <input type="checkbox"/> Internship <input type="checkbox"/> Student Organization/Club (Service Activity)		
Organization and/or Event Name <small>(Printed or typed)</small>	Organization Supervisor Name:	Agency Telephone:
Services Provided: We (organization and student) certify that the following hours are correct.		
Organization Supervisor Signature and Date:		Dates or Time Frame:
Student Signature and Date:		Total Hours:
Organization and/or Event Name <small>(Printed or typed)</small>	Organization Supervisor Name:	Agency Telephone:
Services Provided: We (organization and student) certify that the following hours are correct.		
Organization Supervisor Signature and Date:		Dates or Time Frame:
Student Signature and Date:		Total Hours:
Organization and/or Event Name <small>(Printed or typed)</small>	Organization Supervisor Name:	Agency Telephone:
Services Provided: We (organization and student) certify that the following hours are correct.		
Organization Supervisor Signature and Date:		Dates or Time Frame:
Student Signature and Date:		Total Hours:
Official Use Only: Date Received _____ Verbal Verification Date _____ Input by _____		