

ASHP Community Service Log



It is the responsibility of each student to turn in all hours to the ASHP office and to the College and Career Center.

Student Name _____ **Student ID** _____

Year of Graduation _____

Date	Location/ #Hours	Type of Activities	Coordinator Title/Phone#	Coordinator Signature

For Office use only:
Date Rec'd _____
Date Recorded _____
Recorded by _____