

Kutztown University of Pennsylvania | Honors Program Service Form

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Student Name: _		
KU Email:		Student ID#:
Semester: Fall / S	pring (circle one) Year	
Event Informat	ion:	
Name of Event: _		
Location of Even	t:	
Date/Time of Ev	ent:	Number of Service Hours:
Description of Ev	rent & Impact (on communi	y or volunteer):
Agency Director	/Coordinator (Print):	
Agency Director	/Coordinator (Signature &	Date):
Important Note		
	<u>_</u>	vent per organization: <i>until the minimum of 30 hours has</i> pleted in order to graduate with Honors (5 per
For Office Use:		
Approved	Not Approved	Date:
Signature of Hono	ors Director:	

Ctudent Information.