



Alliance University School of Nursing Service Learning Log

Student Name _____ Graduates Year _____

This certification form is to be filled out by the supervisor of community service after each service has been completed. Students are strongly recommended to complete at least 20 hours of service learning before graduation.

Date	Service Learning Activity	Address	Hours	Supervisor Name, Institution, Title	Signature/Comments

Total Hours of Service Learning Completed _____ Date _____

Signature _____ Office Use Only _____