Service Learning Transcript Notation Form

Northwest College Faculty: Please complete this form by the end of the semester and e-mail to:

Northwest Service Learning Program, nwslp@hccs.edu
Mary Lemburg, mary.lemburg@hccs.edu

Professor: _____ Phone Number: _____ Date: _____

Semester (Check one): Fall ____ Spring ____ Summer ____

The following student(s) has/have completed the required minimum of fifteen (15) hours of service for the purpose of transcript notation.

STUDENT FULL NAME	STUDENT ID #	COURSE	CRN	AGENCY FULL NAME	SERVICE LEARNING HOURS