Kernodle Center for Service Learning
• 2999 Campus Box • Elon, NC 27244 • (336) 278-7250 •
Moseley 230

Validation of Hours for Academic Service-Learning

Name_____ Phone # _____ Campus Box_____

Organization / Agency_____

Professor_____ Class _____ Semester _____

Datatel # (7 digit ID number) _____

Completion of the above information and accurate recording of your service hours will ensure that your service experience will be validated for your Elon Experiences transcript, as well as your course.

Date	Time IN	Time OUT	Hours of Service	Supervisor Initialed

Total Number of Service Hours for this Course: _____

To be completed by agency representative:
Please sign here to validate that _____ has completed
(student's name)
the service hours recorded on this form.
Signature _____ Date _____

White Copy – Kernodle Center for Service Learning Yellow Copy - Professor