



Community Service Completion Form

Student Name: _____ Student ID #: _____

Number Hours to be Completed: _____ Due Date: _____

To Be Completed by Agency Contact

Sponsoring Agency/Department: _____

Agency

Address: _____

Agency Phone #: _____

Agency Contact Person: _____

Total Hours Completed

Date of Completion

Above Average

Average

Below Average

Attitude _____

Reliability _____

General Comments: _____

Signature of Agency Contact: _____ Date: _____

Please return to:

Office of Student Accountability & Support

MU Student Center G206

Email: conduct@missouri.edu

Submit via OrgSync: <https://orgsync.com/107880/forms/146944>