



Associate Vice President and  
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**UNIVERSITY AND/OR COMMUNITY SERVICE LOG**

You have been found responsible for violating the Florida Atlantic University Student Code of Conduct (Regulation 4.007). You are requested to complete University and/or Community Service hours. The purpose of this form is for students to use as a personal reference and tracking tool to record University service hours. Ask the department/organization to provide you with written documentation of your service on their letterhead. Please include your name, the date(s) of service, the number of hours completed, the agency contact information, and a signature from the appropriate person at the department/agency.

Student Name: \_\_\_\_\_ Z Number: \_\_\_\_\_

Student Phone # \_\_\_\_\_ Student Email: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Assigned To: \_\_\_\_\_

Hours of University/Community Service: \_\_\_\_\_ **DEADLINE:** \_\_\_\_\_

Date	University Department or Service Agency (Please Print)	Name of Supervisor (Please Print) and Contact Information (Email/Phone)	Hours Worked