

## ISSS Service Hours Validation Form

Name of Student: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone Number and Email Address of Supervisor:

\_\_\_\_\_

Name and Description of Activity or Event (describe how you were involved):

\_\_\_\_\_

\_\_\_\_\_

Date of Activity: \_\_\_\_\_

Number of Hours Completed: \_\_\_\_\_

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*As supervisor, when you sign this form you are certifying that the above named student has completed the number of service hours indicated above. Any student found to be falsifying their hours will have their scholarship revoked and will be ineligible to apply for the ISSS for the remainder of their studies.*

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Supervisor Comments (optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_