

PHAR 591
20 HOUR COMMUNITY
SERVICE PROJECT
GRADUATION DATE 2013



The University of Findlay
College of Pharmacy
Community Service Record Form

Name: _____ Date: _____

E-mail: _____

Phone, including area code: _____

Description:

(Please describe the project below or on attached page, include expected time to complete project.)

Approved by: _____ Date: _____

Experiential Education
Specialist Signature

Project Details:

Name of Supervisor: _____

Supervisor Title and Organization: (attach business card, if possible)

Supervisor Phone Number (including area code): _____

Supervisor e-mail: _____

Number of Hours Completed: _____

Brief Description of Activities Completed (attach sheet – on organization stationery, if possible): _____

By signing below, the Supervisor is indicating that the work of this student on the approved project is totally completed and acceptable.

Signature of Supervisor: _____ Date _____