

**The University of Findlay**  
**College of Pharmacy**  
**30 Hour**  
***Community Service Record Form***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone, including area code: \_\_\_\_\_

**Description**

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

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Faculty Staff Signature

**Project Details**

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

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

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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 \_\_\_\_\_