Convocation Community Service
Individual Form

Community Service Convocation Criteria: Participation in an activity serving a charitable mission or cause which is 1) not required as part of an academic syllabus or academic honor society/service organization and 2) does not offer remuneration (pay, goods, services, future career advancement, etc.) to the student.

Note: Community service must be done off-campus except for pre-approved on-campus service programs (blood drives, amnesty international letter writing, etc).

Please print or type all information.

Name: ___________________________ Student ID Card#: ___________________________

Phone: ___________________________ Email Address: ___________________________

BU ID#: ___________________________ Total Credits Requested: ___________________________

Are you graduating this semester? (circle one)      YES         NO

Service Logistics

Identify the name of the organization, program or activity: ___________________________

Enter the dates and times of service: ___________________________

What were the major responsibilities of your position/involvement? ___________________________

Personal Reflection

*In order to receive your Convocation credit, you must answer both questions separately.*

1.) How did this experience affect your perspective of contributing to the needs of the community?  2.) How did it affect the people you served?

________________________________________________________________________
________________________________________________________________________

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Validation of Service

We request that the information on this form be used to validate community service for the above named student and verify that the information is accurate.

Student Signature                                                           Date

___________________________________________________ _______ _______
Signature of supervisor/verifying official                             Date
(Belmont students may not serve as the verifying official)

Print official's title/relationship to the organization or activity.      Phone #

Submit this form to the Office of the Dean of Students, Beaman Student Life Center
Belmont University, 1900 Belmont Blvd., Nashville, TN 37212

Office Use Only:
Date Received: ___________  Service Approved by: ___________  Date Entered: ___________
Reasons not approved: _________________________________________  Initials: ___