



O'Connor Center for Community Engagement Summary of Service-Learning Hours

Please complete this form
& return to
OCCE
Within *the semester of*
your service

217 Farrell Hall,
607-746-4781

Name: _____ 800# _____

SL Project Course (Name & Number) _____

Email: _____@live.delhi.edu Phone: (_____) _____ - _____

(Please print legibly – in CAPITAL BLOCK letters – full names only!)

Community Partner Name	Location : Street and Town	Supervisor at site- full name*	Phone number at site	# of Hours	Date of Service

Office use only:
Date Received/by

Brief description of the Service-Learning Project: Tell us the activities and the anticipated outcome: _____

How would you rate your experience after completing a Service-Learning Project?

How could your experience have been made better?

Are there any suggestions or comments about the Community Partner?

Signature of student

Community Agency/Supervisor Signature

**If you have more than one Supervisor, have each one initial on their name on the other side of the form at the site.*

Delhi Instructor Signature _____ Phone # _____

Office use only:

Date Received/by