

WEST LOS ANGELES COLLEGE
TRANSFER HONORS
COMMUNITY SERVICE VERIFICATION FORM

GENERAL INFORMATION

STUDENT NAME: _____

STUDENT ID# _____

NAME OF ORGANIZATION OR AGENCY

ADDRESS: _____

CONTACT PERSON OR SUPERVISOR: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PROJECT OR SERVICE INFORMATION

BRIEF DESCRIPTION OF ACTIVITY: _____

NUMBER OF HOURS: _____ DATE(S) _____

I CERTIFY THAT THE STUDENT NAMED ABOVE COMPLETED THE COMMUNITY SERVICE OF PROJECT DOCUMENTED ON THIS FORM.

SIGNATURE

DATE