

Public/Community Service Component Verification Record

_____ is a participant in the Honors Program at The University of Maine at Augusta. This student has elected to perform public service as a part of the requirements for the program. Therefore, please verify the voluntary effort concluded under your direction.

Agency:

Supervisor:

Public service activity:

Date(s):

Total hours:

Signature of supervisor _____

(please return this form to Dr. Jon Schlenker, Director, Honors Program, The University of Maine at Augusta, Augusta, Maine 04330)

