# MULTIPLE PLACEMENT SITE
## HOUR REPORT AND SHOAT VERIFICATION

<table>
<thead>
<tr>
<th>Student Name: (Printed or typed)</th>
<th>Student Number:</th>
<th>Student Telephone</th>
</tr>
</thead>
</table>

### Type of Activity:
- [ ] Field Study (4th & 5th Credit Option)
- [ ] Service-Learning Class Option
- [ ] Community Involvement
- [ ] Human Service Experience
- [ ] Volunteer Service
- [ ] Internship
- [ ] Student Organization/Club (Service Activity)

### Organization and/or Event Name
(Printed or typed)

### Organization Supervisor Name:

### Agency Telephone:

### Services Provided:

We (organization and student) certify that the following hours are correct.

Organization Supervisor Signature and Date:

Student Signature and Date:

### Dates or Time Frame:

### Total Hours:

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### Organization and/or Event Name
(Printed or typed)

### Organization Supervisor Name:

### Agency Telephone:

### Services Provided:

We (organization and student) certify that the following hours are correct.

Organization Supervisor Signature and Date:

Student Signature and Date:

### Dates or Time Frame:

### Total Hours:

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### Organization and/or Event Name
(Printed or typed)

### Organization Supervisor Name:

### Agency Telephone:

### Services Provided:

We (organization and student) certify that the following hours are correct.

Organization Supervisor Signature and Date:

Student Signature and Date:

### Dates or Time Frame:

### Total Hours:

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### Official Use Only: Date Received ___________ Verbal Verification Date ___________ Input by ___________