**PROJECT COMPLETION FORM**

This authorization verifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Student name)

Student ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has successfully

completed a ***Service Learning*** project as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Date of Completion)

As the student’s instructor, I have reviewed/evaluated the student’s service performance, and declare that the student has satisfied all of my expectations and all of the standard Service Learning Project Requirements.

Service was related to the following academic course:

Course #\_\_\_\_\_\_\_\_\_\_\_Sec.#\_\_\_\_\_\_\_\_Term\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

RRCC Instructor’s Signature Date

**Note**: Return signed form to the Service Learning Center.

# For Office Use Only

Date submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Service Learning*** transcript designation Course/Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_