Community Service Reporting Form

The University Student Conduct System, represented by [Name], has an agreement with the student listed below to complete [Number] hours of Community Service by [Date] (date).

Student Name: [Name]  ID: [ID]  Incident Date: [Date]

DIRECTIONS

Step 1: **Locate** a venue to complete your hours. Please review the Community Service listing with the student conduct representative or visit the Community Service Volunteer Opportunities website at [www.coastal.edu/conduct](http://www.coastal.edu/conduct) and select “Student Conduct Information for Students” followed by “Community Service Volunteer Opportunities”. Hours must be completed at a not-for-profit venue or event.

Step 2: **Contact** the agency/contact to schedule your hours.

Step 3: **Complete and log** Community Services Hours (on page 2 of this form)

Step 4: **Sign and Return** this completed two-page form to the Dean of Students Office via any of the following methods:

- In person at Indigo Hall
- In person at University Place Grand Strand, Bldg. 102
- Fax to 843-349-2316, or
- Email to conduct@coastal.edu.

All service hours must be performed and completed in person. Service hours completed online will not be accepted. Additionally, service hours may not be completed with any entity to which a student is affiliated. Service hours must be separate from pre-existing commitments or relationships.

Examples of these commitments include, but are not limited to:

- fraternity/sorority life;
- athletics;
- employment;
- other clubs/organizations;
- for-profit entities;
- family members and friends.

All hours submitted will be verified by the Dean of Students Office. Submitting inaccurate or false hours will result in additional conduct action.
**Community Service Hours**

**Student Name:**
**ID:**
**Assigned # of hours:**
**Hearing Officer:**
**Case Number:**
**Due Date:**

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<th>Date</th>
<th>Time In/Out</th>
<th>Total Hours</th>
<th>Agency Name</th>
<th>Agency Contact</th>
<th>Phone Number (w/ extension)</th>
<th>Hours Verified</th>
<th>DSO Initials</th>
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**Verified Total**

*With my signature below, I certify that the above information is true and accurate.*

_________________________   __________________________
Signature of Student     Date

****Failure to return this form by the deadline will result in a hold being placed on your account.****