

**Community Service Application & Report**  
(for Spiritual Life Credit)



**ASBURY UNIVERSITY**  
Academic Excellence & Spiritual Vitality

<b>PRE-APPROVAL</b> (To be filled out & submitted by Student prior to rendering service)		
Name of Student Applicant:  _____ , _____ , _____ ( _____ ) <i>(Last) (First) (Middle Initials) (Nickname, if Applicable)</i>	6-Digit Student ID:  _____	
Preferred Student Email: _____	Preferred Phone #: _____	
Name of Sponsoring Organization (if applicable): _____	Proposed Service Date(s): _____	
Service Location: City: _____ State/Country: _____	Date Submitted for Pre-Approval: _____	
Description of Service(s) to be Rendered:  _____  _____		
Supervisor Contact Information: Name: _____ Position/Title: _____ Phone #: _____ Mailing Address: _____ Email: _____		
<b>TO BE COMPLETED BY OFFICE OF SPIRITUAL LIFE</b>		
Name of Reviewing/Authorizing Official  _____	Authorizing Signature:  _____	Date Approved:  _____

<b>VERIFICATION OF SERVICE</b> (To be filled out by Service Supervisor following completion of service hours)		
As the project supervisor, I hereby certify that _____ has satisfactorily completed _____ hours of community service in conjunction with the above-named organization, on the following date(s): _____		
Name of Supervisor:  _____	Supervisor's Signature:  _____	Date Validated:  _____

<b>RECEIPT &amp; FINAL APPROVAL/ENTRY</b> (To be completed by Office of Spiritual Life upon receipt of Verification from Supervisor)		
Verification Received by: _____	Date Verification Received: _____	
Final Departmental Approval by:  _____	Final Approval Signature:  _____	Final Approval Date:  _____
Grade Change Warranted? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES," Date 'Change Request' Submitted to Office of the Registrar: _____	
Confirmation of Grade Change Rcv'd from: _____	Date Confirmation Rcv'd: _____	