



**LOYOLA
UNIVERSITY
NEW ORLEANS**

Student Conduct Community Service Completion Form

Student Information

Student Name: _____

Campus Wide ID: _____

Community Service Location Information

Organization Name: _____

Service Supervisor: _____

Phone Number(s): _____

Email Address: _____

Nature of Service Work Completed: _____

Number of Hours Completed: _____

Certification

I certify that _____ completed the above community service.
(Student Name)

Signature of Service Supervisor: _____

This form must be submitted to the conduct officer you met with for your conduct meeting prior to the sanction due date/time to receive credit for all community service sanctions. If office is closed, slide this document under the door.