



CARY-GROVE CUM LAUDE/HARPER PROMISE VERIFICATION

Student Name: _____

Grad Year: _____

please print

This form must be submitted to the deans' office **within four weeks** of completing service hours

****This form should be used for community service hours completed for Cum Laude and Harper Promise****

*******THIS FORM IS NOT FOR NHS HOURS*******

Organization's Name or Community Event: _____

Number of Hours Volunteered: _____

Date of Service performed: _____

Description of Tasks Performed: _____

Print the first and last name of Supervisor: _____

Contact number of Supervisor/Organization: _____

Signature of supervisor: _____ date: _____

(Signature required for service hours to be valid.)

Your signature: _____ date: _____