



Service Project Report

Club/Organization Name: _____

Name of Service Project: _____

Expected Date: _____

Desired Goals: _____

Who was involved? _____

Whom did it serve? _____

Description of Project: _____

Service Hours Completed: _____

Club President Signature: _____

Club Advisor Signature: _____

Club Service Chair: _____

Campus Diversity & Organizations VP: _____

CSCO President: _____

Completion Date: _____