



WILLIAM R. HARVEY LEADERSHIP INSTITUTE  
SERVICE-LEARNING FORM

STUDENT NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

LEADERSHIP 303- PROGRAM REQUIREMENTS

- **COMPLETE 400 HOURS OF APPLIED EXPERIENCE IN A PUBLIC SERVICE ORGANIZATION**

SERVICE LEARNING/COMMUNITY SERVICE COMPLETED

Agency	Address	Supervisor Contact	Date Started	Date Completed	Amount of Hours

LEADERSHIP GPA AT THE START OF LEADERSHIP 303: \_\_\_\_\_

FINAL GPA: \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR

\_\_\_\_\_  
DATE