

Texas Southern University
Office of Campus Organizations
Community Project/Service Form

Fall/Spring
(please circle one)

Academic Year _____

Name of Organization: _____

Date of Event: _____

Brief description of community service project:

How did your community service benefit the campus or surrounding community?

Submitted by: _____

Organization Advisor's Name: _____

Position: _____

Advisor's Signature: _____

Project /Community Service Representative

Title

Date

E-Mail

Phone Number

Office Use Only

APPROVED

DISAPPROVED

VERIFIED

OFFICE OF CAMPUS ORGANIZATION REP SIGNATURE: _____

DATE: _____

*PLEASE NOTE: ALL COMMUNITY SERVICE EVENTS WILL BE VERIFIED