CSF Hours Verification Form
Have this form signed at the conclusion of your CSF Activity

Please note the following:
(a) You must have turned in a CSF Activity Form for this event prior to service.
(b) Seniors must submit all CSF Hours Verification Forms before the last academic day of the 3rd Quarter of their 2nd Semester.

Today’s Date: ______________ (this document will also be time stamped by the CSF Advisor)

CSF Student’s Name (Please Print) ________________________________________________________

Student UHS Number: ___________  Grade (circle one):  9  10  11  12

Name of the CSF Activity you attended: __________________________________________________

What did you do at the activity?
_________________________________________________________________

Time You Arrived  Time You Left  Number of Hours (increments of 15 minutes)
_____________  ____________  ___________ (example: 3.25 hours)

I truly completed the hours indicated on this form:
_________________________________________________________________

Student Signature

I supervised this CSF Student’s participation in the CSF Activity:
_________________________________________________________________

Printed Name  Signature

Return this form to the UHS CSF Advisor, Mr. Zki Room H-183
Within 1 Week of the Activity For CSF Credit