

# COMMUNITY SERVICE APPROVAL FORM

(This form must be approved by Dr. Susan LeDoux, Division of Medical Education, prior to beginning Community Service)

## **Section I** – TO BE COMPLETED BY STUDENT

Academic year: \_\_\_\_\_

Name of student: \_\_\_\_\_ MS \_\_\_\_\_

Name of proposed Community Service Site: \_\_\_\_\_

Number of hours expected to complete: \_\_\_\_\_

\_\_\_\_\_  
Signature of Site Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## **Section II** – TO BE COMPLETED BY DIVISION OF MEDICAL EDUCATION

This Community Site has been approved by the Curriculum Committee    Yes    No

Approve    \_\_\_\_ Yes    \_\_\_\_ No

\_\_\_\_\_  
Signature of Division of Medical Education

\_\_\_\_\_  
Date