# Community / Professional Service Verification Letter
# Dr. Conkle's Courses

This letter serves as documentation / confirmation that _____
Mississippi College Student's Name

has completed _____ hours of service on _____ - _____ - 201___
# of Hours Event Date (if multiple, see below)

at _____ by participating in, and helping with
Location

_____ coordinated or administered by
Duties Performed or Role Filled

_____.
Sponsoring Organization

Student's Signature: _____

Student's Name: _____
Please Neatly Print Your Name

Coordinator's Signature: _____

Coordinator's Name: _____
Please Neatly Print Name of Supervising Person

For events lasting multiple days/times:

| Date | Times of Day or # of Hours | Signature of Coordinator |
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