

***College of Pharmacy and Pharmaceutical Sciences
Community Outreach and Service Learning
Student Application***

Please complete the application and submit it to the Office of Student Services, New Pharmacy Building.

Date _____

Name (Please print) _____ Male/Female (Please Circle)

Student Number _____ Date of Birth _____

Address _____

Telephone (Home) _____ City _____ State _____ Zip Code _____
(Work) _____

E-mail address: _____

Best time to reach you: _____

Time of Availability

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____

Reason for Performing Service to the Community

(For statistical purposes)

Ethnic Group:

_____ Black (not Hispanic origin); _____ Hispanic; _____ White (not Hispanic origin);
_____ Asian/Pacific Islander; _____ American Indian/Alaska Native; _____ Other

Office Use Only:

How many hours of service performed? _____ Community Site _____