

University of Missouri  
Office of Student Conduct  
Community Service Completion Form

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Number Hours to be Completed: \_\_\_\_\_ Due Date: \_\_\_\_\_

**To Be Completed by Agency Contact**

Sponsoring Agency/Department: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

Total Hours Completed

Date of Completion

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Above Average

Average

Below Average

Attitude \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reliability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Comments: \_\_\_\_\_

Signature of Agency Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

Office of Student Conduct

MU Student Center G206

University of Missouri

Columbia, MO 65211

Fax: (573) 882-3070

Email: [conduct@missouri.edu](mailto:conduct@missouri.edu)

Submit via OrgSync: <https://orgsync.com/107880/forms/146944>