



New Mexico State University
Graduate Student Council
Community Service Hours Form

FORM 2

Domenici Hall Room 105
New Mexico State University
Las Cruces, NM 88003-8001
gscexecutiveteam@nmsu.edu

*Please fill out and sign this form electronically using Adobe Acrobat. A **certificate-based digital signature** is required*

SECTION 1: PERSONAL INFORMATION

NMSU Full Name: _____ NMSU Email: _____ NMSU Student ID: _____

Form Submission Date (mm/dd/yyyy): _____ Student Phone Number: _____

Primary Faculty Advisor Name: _____ Primary Faculty Advisor Email: _____

SECTION 2: COMMUNITY SERVICE DETAILS

Service Location Type: On-Campus Off-Campus Other (Specify): _____

Beneficiary Organization Name: _____ Beneficiary Organization Acronym: _____

Date of Service (mm/dd/yyyy): _____ Total Hours Completed: _____ Service Start Time (HH:MM): _____

Service End Time (HH:MM): _____ Supervisor of the Beneficiary Organization: _____

Supervisor's Phone Number: _____ Supervisor's E-Mail: _____

Description of the Community Service

Proof of the Community Service

Attach proof in this box (e.g., signed letter from the organization, photos from the event) with your submission. You can also combine the proof with this form as an additional page.

SECTION 3: SIGNATURE

I hereby certify, under penalty of perjury, that the community service hours and details provided on this form are true and correct. I authorize the Graduate Student Council (GSC) to contact the beneficiary organization to verify this information. I further acknowledge that I understand the GSC's eligibility requirements for community service and agree to abide by all relevant GSC policies.

Applicant Signature and Date

**Graduate Student Council Treasurer
Signature and Date
(For GSC Use Only)**