



UNIVERSITY OF MARYLAND
EASTERN SHORE
SCHOOL of PHARMACY & HEALTH PROFESSIONS
DEPARTMENT of PHYSICIAN ASSISTANT

COMMUNITY SERVICE HOURS REQUEST

Please complete this form at least **4 weeks** prior to the event date and return it to Dr. Khaled Hasan (Room 1042 in the designated box or via email at khasan@umes.edu) for review and approval. Please allow **one week** for the form to be returned.

Description of the Event

Name of the Event (include a link to website, if available) :	
Name of the Planning Organization or Group :	
Name and contact information for Volunteer Coordinator or Supervisor :	
Date and Time of the Event :	
Address of the Event :	
Brief Description of the Event :	
Deadline to Sign-Up :	

Service Learning Information

Number of Student Volunteers Requested (names of other students planning to participate):	
Requested Service Learning Hours (specify anticipated number of hours):	<input type="checkbox"/> Healthcare Related <input type="checkbox"/> Non-Healthcare Related
Role of the Student (attach description, if available) :	
Dress Code Information :	



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Specific Instructions Regarding the Collection of Service Hours :	
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Faculty Related Information

Number of Faculty Needed for the Event :	
Supervising Faculty/Organizer Name(s) and Contact Information :	

Please attach any additional information (flyer, advertising materials, etc.) so that it can be shared with faculty and students.

_____ **HOURS APPROVED**

_____ **HOURS DENIED**
See comments below

Faculty Member Signature **Date**

Comments:
