

UEWM Community Service Record Form

595 Lawrence Expressway, Sunnyvale, CA94085

Tel: [\(408\)733-1878](tel:4087331878) **Email:** admissions@uewm.edu **Web:** www.uewm.edu

Student Name (Last, First): _____ **Student ID:** _____

Phone Number: _____ **E-mail:** _____

Level of Internship: Please select your current of internship.

Observer, **Entry Level or Senior,** **Not an Intern**

Student's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Name of the Event: _____	Date of the Event: _____
Location of the Event: _____	
Benefits to Community and Hours: <u>Promote TCM / TCM education,</u> (_____) Hours _____	
If the student is not an Entry-Level or Senior intern, please explain his/her qualification for this	
Community Service: _____	
Authorizing Signature: _____	Date: _____

Name of the Event: _____	Date of the Event: _____
Location of the Event: _____	
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If the student is not an Entry-Level or Senior intern, please explain his/her qualification for this	
Community Service: _____	
Authorizing Signature: _____	Date: _____

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