

Office of the Dean of Students  
*Community Service Project Log*



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

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Service Project Date	Description of Project	Reflection turn in?	Print Supervisor's Name	Supervisor's Signature	Supervisor Contact Info.	DOS Staff Initials & Date (when received)

**You must turn in your service reflection to receive credit for your service project. Return form/reflection to the Office of the Dean of Students, Kehr Union Building (KUB) room 101.**  
**For questions or more information about required service projects please refer to the website at [www.bloomu.edu/deanofstudents](http://www.bloomu.edu/deanofstudents).**

<b>OFFICE USE ONLY:</b>  Received By: _____  Date Received: : _____	<b>OFFICE CHECKLIST:</b>  <input type="checkbox"/> Scanned and entered into COCO (files and sanctions)  Staff Initials: : _____ Date: : _____
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Reflections must be a minimum of 700 words. Questions to consider when writing your reflection:

- What was your project?
- Why did you choose this project/what does it mean to you?
- What, specifically, did you do for the project?
- Who/how did you help?
- Would you consider a similar project again? Why or why not?
- How did this project impact you?
- How did it impact the individuals or communities you helped?