

OSU SCHOOL OF ALLIED MEDICAL PROFESSIONS

HONORS SERVICE FORM

2008-09

Please submit a separate form for each activity and attach it to the Honors Annual report.

Student's Name: _____ Activity: _____

1. Number of hours of service completed: _____ Date: _____

2. Brief description of activities:

3. Were your goals met? Yes No

Comments:

4. Identify accomplishments:

5. Name of supervisor: _____ e-mail: _____

6. Signature of supervisor: _____

7. The above are an accurate and honest description of my service activities for the SAMP Honors Program.

Honors Student Signature: _____

Date: _____