**Request for Approval of Service Hours**

This form must be submitted to and approved by Ms. Moore or Mr. Cuni **PRIOR** to completing service hours for an activity not sponsored by the CVHS National Honor Society.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service Opportunity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Hours Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Service Opportunity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief explanation of the event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do not write below this line

\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_ # of hours allowed for this service opportunity

\_\_\_\_\_Unapproved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS Advisor Signature Date

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*You must attach this completed form to your service hours when you submit the hours or your hours for this activity will be invalid.**

**\*Include these hours on your semester log form.**

**\*Only 20 of your minimum 40 service hours can be obtained from events not sponsored by Chippewa Valley’s National Honor Society.**