

# REQUEST FOR TRANSCRIPT NOTATION OF STUDENT VOLUNTEER HOURS

The University of Indianapolis encourages students to volunteer with agencies, special programs, or projects that serve the needs of individuals and the community. The university is pleased to recognize the students who perform this type of volunteer service. All hours that are recorded and certified need to be turned into **Student Affairs Office in SCH 210**. Electronic records will be kept up to five years after submission. In order for documentation to be posted on your transcript for the current semester, **forms must be received BEFORE final exam week!** If immediate notation is required, please make a special note when turning in your form.

### ATTENTION:

**VOLUNTEER HOURS THAT ARE PERFORMED FOR COURSE CREDIT OR IN CONJUNCTION WITH A CLASS PROJECT ARE NOT ELIGIBLE TO BE POSTED ONTO TRANSCRIPTS.**

**Please indicate all that apply.**

<input type="checkbox"/> Registered Student Organization	<input type="checkbox"/> NSE Super Saturday of Service	<input type="checkbox"/> Graduate Programs (OT, PT, Nur.Soc. Wk.)
<input type="checkbox"/> Honors College	<input type="checkbox"/> Interfaith Programs	<input type="checkbox"/> Athletics
<input type="checkbox"/> NSLS (Nat'l Soc. of Leadership & Success)	<input type="checkbox"/> Service Learning Project	<input type="checkbox"/> Not Listed
(additional hours outside course requirements)		

## STUDENT INFORMATION

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hours Performed	
Name of Service/Event	
Name of Sponsoring Agency	
Agency Address	
Phone Number	

Description of services provided: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## SPONSOR VALIDATION

I, \_\_\_\_\_, verify that the above named student has completed the number of hours stated by him/her with the agency or program indicated.

Comments \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Attention Student: Please take a moment to fill out the survey on the back of this sheet. Thank you → →**

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**Please take a moment to answer these questions.**

Participating in this short survey will help us assess the University of Indianapolis wide learning goal of social responsibility and the impact volunteerism has on UIndy students.

**I. Please indicate your level of agreement with the following statements:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
In general, my volunteering project was a positive experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering connects to what I am learning in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through my experience I am more motivated to become involved with the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering helped me identify my personal strengths & weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During my volunteering experience I became more comfortable working with individuals who are different from myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in volunteerism helped me enhance my leadership and communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Please add any comments about your volunteering experience:**

**Thank you for participating in this survey!**

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