



Community Work Form

Student Name:..... University ID. NO.....

	Name of the Event	Site	Title	No. of hours	Supervisor		Chair of the internship program
					Name	Signature	
1							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
2							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
3							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
4							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
5							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
6							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
7							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
8							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
9							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
10							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
11							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
12							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
13							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
14							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
15							<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

	Community Work Completion			
	Name	Signature	Date	Status
Vice Dean for clinical affairs				<input type="checkbox"/> Pass <input type="checkbox"/> Failed
Chair of the internship				<input type="checkbox"/> Pass <input type="checkbox"/> Failed