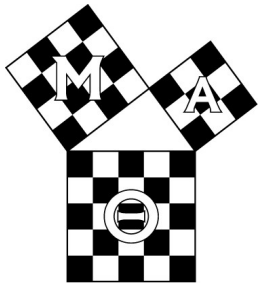

Mu Alpha Theta Service Hours Verification Sheet

Name: _____

Semester (spring or fall): _____ Year: _____

Activity	Service Hours Served	Enrichment Activity	Signature
TOTAL			

I verify the above information to be true and accurate:

_____

Member signature Date