CHAPMAN UNIVERSITY

3 – 3 to Senior Legacy

Verification of Service Hours
(Please Print Clearly)

Student ID Number _____

Student Name _____

Student Email _____

Student Phone Number _____

Year in School _____
(Freshman, Sophomore, Junior)

School(s)/College(s) (i.e. Argyros) _____

Are you in Fraternity/Soritity? If so, which one? _____
Date of Service_____

Total # Hours_____

Name of Volunteer Organization_____

Activity or Task Performed_____

Contact Name (or Verifier) of
Agency/Organization_____

Agency Contact Title_____

Agency Contact Signature_____

Agency Contact Phone Number_____

Agency Contact Email_____

To receive credit for fulfilling 3-3 to Senior Legacy volunteer requirement, student must: 1. email this form to Olivia Kwitny at kwitny@chapman.edu and 2. Fill out and submit the 3-3 to Senior Legacy Hours Submission Form on the 3-3 to Senior Legacy website page. For more information, contact Olivia at kwitny@chapman.edu