

**Alpha Gamma Sigma
Honor Society**

Name:_____ Semester&year:_____ Student ID#:_____

*No late service hours will be accepted. Service hours are due no later than **December 10, 2007**. All completed hours must be verifiable.

Service Hours

Date	Activity	Hours	Contact Person	Phone Number	Approval

By signing this form I certify that I have completed all hours listed above, and give the officers and/or advisors of the Alpha Gamma Sigma Honor Society Psi Lambda Kappa Chapter permission to verify the above listed hours _____.

Hours verified ____ (yes) ____ (no). Total hours completed _____.

This student has completed the minimum amount of service hours to maintain membership for the (Spring or Fall) semester 20____.

President's signature:_____.