University of North Carolina Wilmington
Center for Leadership Education & Service

Group Experiential Learning Record

Name _____ _____ _____ _____
first middle last semester/year

☐ **COMMUNITY SERVICE** ☐ **SERVICE-LEARNING** ☐ **PRACTICUM** ☐ **INTERNSHIP**

_____ _____ _____ _____
On-campus organization/club/individual course course course

_____ _____ _____ _____
advisor instructor instructor instructor

Name of Non-profit Organization/individual	Date	Supervisor	Number of Students	Description Of Service	Number of Hours

CLES Use Only

~ Keep a copy for your records
~ Return completed form to your instructor or to:
Center for Leadership Education & Service
Fisher University Union Room 2013
Office 910-962-3877 Fax 910-962-4265
www.uncw.edu/cles

Total Hours*

*Round hours to nearest quarter hour