



University of North Carolina Wilmington
 Center for Leadership Education & Service
Individual Experiential Learning Record

Name _____
 first middle last semester/year

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

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

_____ instructor instructor instructor
 advisor

Name of Non-profit Organization/individual	Date	Supervisor	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