

All form fields are required. The form will not be processed if any of the fields are incomplete. Write N/A if not applicable.

INFORMATION ON RECORD			
UID			
FIRST NAME		LAST NAME	
EMAIL		PHONE	
PROGRAM		SITE	

TRANSFERS ONLY	
<input type="checkbox"/> Please indicate if you TRANSFERRED from another site.	INITIAL SITE _____

TYPE OF AUDIT REQUEST	
<input type="checkbox"/>	An e-mail displaying my total hours, including a breakdown of hours classification
<input type="checkbox"/>	A signed letter including my total hours and a breakdown of hours classification
<input type="checkbox"/>	A signed letter including my total hours

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I, the Scholar, understand that this form constitutes a request to total the number of hours that I have served to date. I am aware that 280 hours are required for program completion and to be eligible for release of a letter of recommendation.

SCHOLAR SIGNATURE	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE