

Student Education Activities Form- PLEASE CIRCLE ONE:

NON CLINICAL/ EDUCATIONAL/ EVENT/ COMMUNITY SERVICE ONLY

Form is required for all curricular and non-curricular (volunteer service) activities

For Clinical Volunteer Service - Submit Clinical Form

Instructions: Return completed/signed forms and upload to the appropriate registration form 2) your class community service chair for consideration towards Dean's Community Service hours.

EVENT INFORMATION

Date of Event: _____ **Start and End Time of Event:** _____

Name of Event/ Course/Program: _____

Location Name (e.g. School name, Organization name) and Address of Event: _____

Faculty Managing Event or Other Sponsor/Leader:

Name: _____ **Title:** _____

Email: _____

Phone number: _____

Name of UMSOD Student Group/Organization involved in the Event and Name of Faculty Advisor(s) (if applicable): _____

Description of Event: _____

Description of how the student's participation is part of the curriculum (if applicable): _____

List of Activities to be performed: _____

Form submitted by (print name): _____

SIGNATURES

Signature of Course Director/Faculty Member/Event Sponsor or Leader _____ **Date** _____

Printed Name of Course Director/Faculty Member/Event Sponsor or Leader _____

Signature of Department Chairman _____ **Date** _____

Printed Name of Department Chairman _____

LIST NAMES OF PARTICIPANTS ATTENDING EVENT AND PUT A CHECK UNDER THE CORRECT CATEGORY

Number	Name of Provider	Faculty	Dental Student	Dental Hygiene Student	Resident	Staff	Hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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19							
20							