



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**

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

_____ advisor _____ instructor _____ instructor _____ instructor

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 910.962.7858
www.uncw.edu/cles

Total hours*

*Round hours to the nearest quarter hour