



American University of Nigeria
Judicial Affairs Office

(Compulsory Community Service Form)

STUDENT INFORMATION

Name: _____ **ID Number:** _____
Email: _____ **Phone No:** _____

COMMUNITY SERVICE LOG

DATE	TIME		HOURS	LOCATION	SIGNATURE		SERVICE OFFERED
	IN	OUT			STUD'S	SUPV'S	

Judicial Affairs Assigned hours: _____ **Student's Total hours:** _____
Supervisor's Name: _____
Supervisor's Email: _____ **Phone No:** _____
Supervisor's Comment (if any): _____
Supervisor's Signature: _____ **Date:** _____
Director, Judicial Affairs Signature: _____ **Date:** _____