

# Non-BAP Community Service Verification Form

## Beta Alpha Psi - Zeta Pi Chapter



### Student Information

Name

Phone

Membership Status

Email

### Event Information

Event

Supervisor Name

Organization

Supervisor Email

Date of Event

Start Time

End Time

<input type="text"/>	<input type="text"/>
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As the student participant, I hereby confirm that the above information is true and correct. I understand that the above information is subject to verification through the Zeta Pi Chapter of Beta Alpha Psi.

Student Signature/Date

Secretary Signature/Date

Supervisor Signature/Date

Faculty Advisor Signature/Date

Please return completed form to your Chapter's Secretary before the final meeting of the semester.