

MASSACHUSETTS COMMUNITY COLLEGE SYSTEM

**COLLEGE SERVICE ACTIVITIES**

Unit Member: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Division: \_\_\_\_\_

Evaluator: \_\_\_\_\_

1. No later than October 15<sup>th</sup> for the fall semester and February 15<sup>th</sup> for the spring semester, list the college service activities assigned pursuant to Article XIII, Section 13.02B4 and 13.03B3.

<u>2. Activities Completed</u>	<u>Date(s) of Participation</u> (if applicable)
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3. Attach any documentation which evidences participation in the college service activities set forth above (if requested).

I hereby certify that I have participated in the college service activities as set forth above.

\_\_\_\_\_  
Unit Member

Date: \_\_\_\_\_