MASSACHUSETTS COMMUNITY COLLEGE SYSTEM

COLLEGE SERVICE ACTIVITIES

Unit Member:	
Evaluator:	
1. No later than October 15 th for the fall semester and college service activities assigned pursuant to Article X	
2. Activities Completed	Date(s) of Participation (if applicable)
3. Attach any documentation which evidences participal service activities set forth above (if requested).	
I hereby certify that I have participated in the college s	
	Unit Member
	Date: