



NON-BETA ALPHA PSI HOURS - OFFICIAL FORM

Professional Hours

Community Service Hours

Name: _____

Event: _____

Date of Event: _____

Start Time: _____

End Time: _____

Event Description:

Faculty/Supervisor Signature: _____

(This is to verify your attendance at the event and that the information you have provided above is true and accurate).

***Please turn this form in to your Secretary, Ji Seok Oh, by placing it in the box outside of the Beta Alpha Psi office (Friday Room 268B). You may also scan your completed form and email it to joh26@uncg.edu.