



# Office of Student Development

Kennebec Valley Community College, 92 Western Avenue, Fairfield, Maine 04937-1367

## REPORT OF SERVICE FOR CREDIT HOURS

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Department: \_\_\_\_\_

Mon	Tue	Wed	Thu	Fri	Sat	Total	Week Ending	Approval

Mon	Tue	Wed	Thu	Fri	Sat	Total	Week Ending	Approval

Mon	Tue	Wed	Thu	Fri	Sat	Total	Week Ending	Approval

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Date Paid: \_\_\_\_\_

UPON COMPLETION OF NINETY (90) HOURS, THIS FORM MUST BE RETURNED TO DIRECTOR OF STUDENT DEVELOPMENT FOR THE PROCESSING OF A (3) THREE CREDIT TUITION. OFFICE LOCATION: 113A KING HALL.