

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.

2. Activities Completed

Date(s) of Participation  
(if applicable)

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: \_\_\_\_\_