Due Date:	
Incident #:	



## Office of Community Standards COMMUNITY RESTITUTION FORM

Non Profit Event/Organization:		
Off Campus Non-Profit Organiza	tion:	
On Campus: (check one)		
Gourmet Dining x5266	Facilities x5080	
ASAP x5721 Susan Stahley	CD building/event	
Hours of service sanctioned:	Hours of servic	ee performed:
Date(s) of service:		
Description of Task(s) perform	ed:	
This form must be completed a the event/organization. Profess		member authorized and associated with
	(print name)	(title)
	(signature)	(date /phone number)

\*After completing your Community Restitution, please attach a typed reflection about your experience. Please include why you chose to complete hours at a particular place(s) and what you learned from your experience?

The completed form must be submitted to the Office of Community Standards, BLC 117 (mailbox), on or before the deadline for community restitution as noted on the *Disciplinary Disposition*. If you have questions please call the Office of Community Standards at x7014 or (609) 896-5292.