Biomedical Sciences Association
BSA Community Service, Meetings & Socials Form

Name: ____________________________

Branch (circle one)
Veterinary Medicine    Human Medicine

Community Service:

Date:

# Hrs Completed:

Description:

Supervisor Name: ____________________________ Signature: ____________________________

Date:

# Hrs Completed:

Description:

Supervisor Name: ____________________________ Signature: ____________________________

Date:

# Hrs Completed:

Description:

Supervisor Name: ____________________________ Signature: ____________________________

**BSA REQUIRES A MINIMUM 10 HRS COMMUNITY SERVICE PER SEMESTER**

Socials and Meetings info on back
Socials:

Social #1: ___________________________ Date: _______________________
Social #2: ___________________________ Date: _______________________

Meetings:

Meeting #1: ___________________________ Date: _______________________
Meeting #2: ___________________________ Date: _______________________
Meeting #3: ___________________________ Date: _______________________