

# LSU at Alexandria

Department of Education

## Service Request for Approval

(Complete top portion and submit to Julie Gill)

**Name** \_\_\_\_\_

**Date Submitted** \_\_\_\_\_

**Organization Name** \_\_\_\_\_

**Date of Service Hours Opportunity** \_\_\_\_\_

**Detailed description of the service activity with justification for approval request** \_\_\_\_\_

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**Request Approved**

**Request Denied**

**Date of Decision** \_\_\_\_\_

**Reason for Denial** \_\_\_\_\_

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