Event/Hours Submission Form
CSU Channel Islands

Student Nurses Association

SNA Member Name: _____

Name of Event/Activity: _____   Date of Event: _____

Total Hours: _____   ☐ Check this box if using for event credit for the semester

Activities Performed:

SNA Advisor Signature: _____   **Date:** _____

-- **Off Campus Events Only** --

Event Supervisor's Name: _____   Email/Phone #: _____

Event Supervisor Signature: _____   **Date:** _____

*Please note that event credit and hours credit cannot be double dipped. Each event and volunteer opportunity is valid for only one semester requirement. You cannot use one activity to satisfy both requirements.