Paterno Fellows Leadership or Service Documentation Form
If you meet your 50 hours minimum requirement with several experiences, use a separate form for each.

To be completed by Paterno Fellows Candidate

Student’s name ___________________________________________  PSU Email __________________________
Leadership or Service Experience: _________________________________________________________________
Start and end dates ____________________________________________  Total hours ______________________
Specifically describe the duties performed in this experience, and list the approximate hours dedicated to each duty:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Student’s signature ____________________________________________  Date ___________________________

To be completed by Supervisor

Please review the information provided on this form, confirming with your signature the information reported by our student. Additional comments are welcome in the space below. For information about the Paterno Fellows Program, please go to: http://laus.la.psu.edu/current-students/paterno-fellows

Supervisor’s name _____________________________________________  Email _____________________________
Title __________________________________________________________  Phone _____________________________
Company or Organization: __________________________________________
Comments: ___________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Supervisor’s signature ____________________________________________  Date ___________________________

Return this completed form to Barb Edwards:
by mail or in person
Paterno Fellows Program
The Pennsylvania State University
5 Sparks Building
University Park, PA 16802

by email
bae1@psu.edu

Questions?
814-863-4395

by fax
by fax
814-865-3641

The Pennsylvania State University