

KABARAK UNIVERSITY OFFICE OF UNIVERSITY LINKANGES AND PLACEMENT

Tel: 254-51-343234/5 /020 2114658 Fax: 254-51-343012	P. O. Private Bag 20157 KABARAK, KENYA
Email: amarangu@kabarak.ac.ke	www.kabarak.ac.ke
STUDENT:	REG/NO
TO WHOM IT MAY CONCERN	
Dear Sir/Madam,	
RE: KABARAK UNIVERSITY STUDENTS	COMMUNITY SERVICE
Kabarak University is committed to providing a Biblical Christian Perspective through teaching,	
In keeping with this, the University is pleased to is a student of Kabarak University pursuing Bacdegree programme.	The state of the s
The student has identified your organization/inst volunteer his/her time and skills to provide servi	
The University, therefore, kindly requests you to Month of Year for your organization/institution/company.	
Please feel free to involve this student in a strengthening an existing one to improve the per	
If you have any questions or comments, pleas Manager on e-mail: amarangu@kabarak.ac.ke	
Thank you.	KABARAK UNIVERSITY P. O. Box 3270

Andrew Marangu

Yours faithfully,

Communication & Marketing Manager

KABARAK UNIVERSITY COMMUNITY SERVICE EVALUATION FORM

Instructions

This form should be completed and submitted to the Communications & Marketing Office upon completion of the Community Service Programme to meet graduation requirements. Please use additional Plain sheet of paper if necessary.

To be completed by	y the student				
Student Name:					
Last	I	First	Middle		
Registration Number	er:	1000-100-100-100			
Tel. No		Email	Middle		
Degree Programme:	:				
Name of School	egree Programme:Name of Dean				
Email Address of D	ean				
Contacts of institut	tion/organizati	on where comm	unity service was offered:		
Name					
Roy	Postal Code	Town	County		
Telephone:	_1 ostar code F	mail:			
Terephone.	~				
	COMM	IUNITY SERVI	CE DETAILS		
,	COMIN	CONTT SERVI	CE DETRIES		
Duties and respons	sibilities carried	lout			
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		· · · · · · · · · · · · · · · · · · ·	5.		
State the specific of	antributions or	changes you in	itiated in the community:		
State the specific co	onti ibutions of	changes you im	thated in the community.		

What are the major needs of the community where you served?		
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Suggest ways of meeting those needs.		
dentity the challenges you experienced during	the community service	
Give recommendations for solving the above ch	allenges	
What did you gain or learn from the community	y service?	
certify that the information provided above is trelevant information has been withheld. I understanformation may result in discipline under Kabarak	and that the provision of false or incomplete	

TO BE COMPLETED BY THE COMMUNITY SERVICE SUPERVISOR

Supervisor details			
Supervisor'sName			
Email Address		Tel. No	
Desire I de la contra dela contra de la contra dela contra de la contra dela contra de la contra del la contra			
Period the student has done l	his/her community service		
Beginning Date: Month_	Year End Date: _	Month Year	
Overall Comments by the Su	pervisor		
Supervisor's Signature:	Date	Stamp	
FOR OFFICIAL USE (To be	completed by the Department)	
Grade Awarded:	[] Satisfactory	[] Unsatisfactory	
Remarks:			
	5		
Marked by:			
Name	Title:		
Signature:	Date		