

**ST. MARY'S RYKEN**  
A CATHOLIC COLLEGE PREPARATORY SCHOOL  
22600 CAMP CALVERT ROAD  
LEONARDTOWN, MARYLAND 20650  
301-475-2814 FAX: 301-373-4195

**XAVERIAN SERVICE PROGRAM**  
**SOPHOMORE LETTER OF AGREEMENT/VERIFICATION**  
**2006 - 2007**

STUDENT: \_\_\_\_\_ ADVISORY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

*WHEN COMPLETED THIS LETTER WILL BECOME PART OF THE STUDENT'S XAVERIAN SERVICE PROGRAM FILE IN THE OFFICE OF CAMPUS RELIGIOUS LIFE.*

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SERVICE/AGENCY \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

SERVICE DESCRIPTION \_\_\_\_\_

SERVICE BEGINS: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_ HOURS COMPLETED: \_\_\_\_\_

SIGNATURE OF SITE SUPERVISOR: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

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SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

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*THIS SECTION IS TO BE COMPLETED BY THE DIRECTOR OF CAMPUS MINISTRY*

SOPHOMORE 2006-2007

DUE DATE: ON TIME \_\_\_\_\_ HRS. COMPLETED \_\_\_\_\_ LATE \_\_\_\_\_ MISSING HRS. \_\_\_\_\_

ACTION TAKEN:

\_\_\_\_\_ SOPHOMORE CSP REQUIREMENT COMPLETED GRADE - P (PASS)

\_\_\_\_\_ SOPHOMORE CSP REQUIREMENT INCOMPLETE. ORIGINAL HOURS NEEDED: \_\_\_\_\_

ADDITIONAL HOURS NEEDED: \_\_\_\_\_ BY JUNE 2, 2007, 9:00 AM

\_\_\_\_\_ SOPHOMORE CSP REQUIREMENT COMPLETED BY JUNE 2, 2007, 9:00 AM GRADE - P (PASS)

\_\_\_\_\_ SOPHOMORE CSP REQUIREMENT INCOMPLETE ON JUNE 2, 2007, 9:00 AM GRADE - F (FAIL)

ADDITIONAL HOURS: \_\_\_\_\_ TO BE ADDED TO 2007 - 2008 CSP REQUIREMENT