



Beta Alpha Psi • Theta Lambda Chapter
University of Central Arkansas

Non-BA• Hours Declaration Form

BA• Member/Pledge Name _____

Date of Activity _____ Start time _____ End time _____

Professional Development Activity	Service Activity
Name of the activity (e.g., Phi Beta Lambda Meeting)	Name of the organization for which you volunteered.
Describe how this activity helps you develop into an accounting professional.	Describe the service provided to this organization.

Your Signature _____

Verification:

Attach proof of your activity or have a supervisor verify by completing this section.

Printed Name _____ Signature _____

Title _____ Phone _____ Date _____