

Service-Learning Student Application/Agreement

Student Name _____

Date _____

Email address _____

Phone _____

Instructor's Name _____

Class Meeting day/time _____

Course Title _____

Hours required _____

Agency's Name _____

Agency's Address _____ City _____ Zip _____

Name of Supervisor or Coordinator _____

Phone _____

Email address _____

Fax _____

Describe the Service-Learning project; include expectations, requirements, and other responsibilities:

Days and hours to work _____ Total number of hours to be worked _____

Date student will begin _____ Date Student will end _____

The student expects the following kinds of learning from this experience:

The agency agrees to provide the student with orientation and training: Yes _____ No _____

The agency agrees to provide the student with the following resources (check as applicable)

_____ On-site supervisor _____ Space to work _____ Critique of student's work

_____ Materials (Specify) _____ Other (Specify) _____

I agree to and will uphold the terms of this placement.

Student's signature _____

Date _____

Supervisor's signature _____

Date _____