

Sent info packet _____
Received syllabus _____

Professor Request for Service-Learning

Circle one: Fall January Term Spring Year: _____

Date of request: _____

Professor's name: _____

Phone number: _____

Department: _____

Course: _____

Course meeting time: _____

Orientation and training date: _____

Course description:

Number of students: _____

Group or individual: _____

Required? _____

Minimum hour requirement: _____

Type of S-L experience/goals and objectives of SL component:

Resources Needed:

Agency Information:

Agency name: _____

Contact: _____

Phone number: _____

Confirmed? _____

Activities students will be performing:

Agency name: _____

Contact: _____

Phone number: _____

Confirmed? _____

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