



**Academic Service-Learning Program
Student-Faculty Site Supervisor Approval Form**

Student Information:

First Name: _____ Last Name: _____ ID# _____

Undergraduate program: Major 1: _____ Major 2: _____

Class Level: _____

Student Phone/Cell Phone for Contact: _____

Course Name: _____ Course ID#: _____

Year: _____ Term: _____ Session: _____

What is your primary objective for undertaking this project? Include specific learning goals for the experience. (Consult your course syllabus): _____

List the responsibilities you will have in your Service-Learning position. Be specific.

Hours per Week: _____ Planned Times for Service-Learning: _____

Is training provided? _____ Training includes: _____

Service-Learning Site Information

Name of Organization: _____

On-Site Supervisor: _____

Address: _____

Email: _____ Telephone /Fax: _____

Approved by:

On-Site Supervisor: _____ Date: _____

Faculty Supervisor: _____ Date: _____