

# Service-Learning Interest Form

*Please fill out one form per course. Attach a copy of the course syllabus and/or learning objectives.*

Instructor Name: \_\_\_\_\_

Department: \_\_\_\_\_

Course: \_\_\_\_\_

Contact Information (office phone number, e-mail, etc.):

Project Time Frame (dates, length of time, etc.):

How would you like the students to serve? (i.e. as a group, individually, in teams, etc.)

Please identify the core concepts you want students to learn from the service-learning project:

Estimated Number of Students who will be participating: \_\_\_\_\_

Can we list your course and contact information in our promotional materials? YES NO

Please select three or four community agencies where you would like students to complete service (please see the attached Partner Agency Directory).

If you have any suggested additional community agencies that the Service-Learning Center should contact for your course objectives, please list them here.