

PLACEMENT CONFIRMATION FORM

COURSE NAME & #: _____ SEMESTER/YEAR: _____

FACULTY NAME: _____ DATE: _____

(Please print the following information and press hard with your pen).

STUDENT'S NAME: _____

COMMUNITY SITE: _____

ADDRESS: _____ TOWN: _____

SITE SUPERVISOR: _____ TEL: _____

STUDENT'S RESPONSIBILITIES: _____

DAYS AND HOURS OF SERVICE: Monday _____ Thursday _____
Tuesday _____ Friday _____ Total Semester Hours _____
Wednesday _____ Other _____

Date: from _____ to _____

I AGREE TO ACCEPT THE STUDENT NAMED ABOVE AND PROVIDE ADEQUATE SUPERVISION AT THIS SERVICE-LEARNING SITE.

1. SITE SUPERVISOR SIGNATURE _____ DATE: _____

2. FACULTY SIGNATURE _____

3. OFFICE OF SERVICE LEARNING SIGNATURE _____

THIS FORM MUST BE RETURNED TO THE OFFICE OF SERVICE-LEARNING C-100 SIGNED BY THE COMMUNITY AGENCY SITE SUPERVISOR AND FACULTY. THE OFFICE WILL THE SIGN AND SEND A COPY TO YOUR PROFESSOR AND THE AGENCY.

Dist. White: Office of Service Learning Yellow: Faculty Pink: Agency Gold: Student