

Student Service Learning Contract

TO BE COMPLETED BY STUDENT



Please use this form to verify one Service Learning experience.

.....
STUDENT NAME PROGRAM of STUDY

.....
ACADEMIC ADVISOR COURSE INSTRUCTOR

.....
COURSE NUMBER COURSE TITLE SEMESTER ENROLLED

.....
NAME OF AGENCY/COMPANY/EVENT

.....
SITE ADDRESS or VENUE

.....
DATE(S) OF SERVICE **HOURS COMPLETED** (MIN 10-15 HRS)

.....
NAME & TITLE OF AGENCY SUPERVISOR/CONTACT (PRINT)

.....
CONTACT EMAIL CONTACT PHONE

.....
AGENCY CONTACT SIGNATURE (approval of information above) DATE

.....
COURSE INSTRUCTOR SIGNATURE (approval of research + reflection) DATE

.....
SERVICE LEARNING COORDINATOR SIGNATURE (approval of all forms + checklist) DATE

CHECKLIST: All components below must be submitted neatly to the Service Learning Coordinator for consideration of met requirements. Check or initial each line when complete.

- _____ **1)** Form C (Side 1): Service Learning Research
- _____ **2)** Form D (Side 1): Student Service Learning Contract (this page)
- _____ **3)** Form D (Side 2): Service Learning Time Sheet
- _____ **4)** Form E: Service Learning Evaluation by Agency Supervisor (agency will mail to Coordinator)
- _____ **5)** Service Learning Reflection (3 questions: Form C, Side 2)
- _____ **6)** Form G: Service Learning Survey – Student

All information is truthful and requirements are completed to the best of your abilities:

.....
STUDENT SIGNATURE DATE

Service Learning Time Sheet

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Students must complete this form DURING the service learning experience.

This form can also be found at www.villa.edu/academics/service-learning/

STUDENT

.....
STUDENT NAME

.....
DATE

.....
COURSE NUMBER & TITLE

.....
INSTRUCTOR NAME

.....
NAME OF AGENCY/COMPANY/EVENT

.....
STUDENT'S SUPERVISOR

.....
DATES OF SERVICE

.....
TOTAL HOURS COMPLETED

Please record your hourly service below. Your agency supervisor must sign for each instance of service.

DATE	TIME IN	TIME OUT	SUMMARY OF ACTIVITIES	SUPERVISOR INITIALS

SIGN

.....
STUDENT SIGNATURE

.....
DATE