

SERVICE LEARNING PROPOSAL

Sponsoring Group: _____

Proposed by: _____ Date of Activity: _____

Agency or Group Served: _____

Contact Name: _____ Phone #: _____

Description:

Rationale:

Comments:

If this activity will be taking place off-campus, please complete a “Field Trip Request” in addition to this form and submit both together.

FOR OFFICE USE: Comments:	Follow-up needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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