

Service Learning

Learning Objectives and Outcomes Form

Date: _____ Course: _____ Term: _____ Credits Earned: _____

Student's Name: _____ GPA: _____

Address: _____

Town, State, Zip: _____ Phone: () _____

Agency/School: _____

Address: _____

Town, State, Zip: _____ Phone: () _____

Position: _____ Supervisor: _____

Faculty Sponsor: _____ Phone: () _____

My learning objectives and intended outcomes are: (Please type and attach additional sheets if needed.)

1. Learning Objectives:

2. Intended Outcomes:

Faculty Sponsor: _____ Date: _____ Student: _____ Date: _____

Department Chair: _____ Date: _____ Service Learning Coordinator: _____ Date: _____

Associate Dean: _____ Date: _____ Agency: _____ Date: _____
