SERVICE-LEARNING PLACEMENT FORM

Service-Learning (S-L) students must attend an orientation session, complete this form, and return it to the Service-Learning program before S-L project hours can begin.

1. **STUDENT INFORMATION**
   
   Name_________________________________________ COC ID #_________________________

2. **S-L COURSE INFORMATION**
   
   Instructor’s Name_____________________________Course Name_________________________
   
   Hours required by COC Instructor_________ Date Assignment Will Begin _________________

3. **S-L COMMUNITY AGENCY PLACEMENT**
   
   Name of Agency ________________________________
   
   Name of Agency Supervisor ____________________
   
   Telephone Number/Agency Supervisor ____________________________

   S-L PROJECT DESCRIPTION: Student should meet with Site Supervisor to identify type of meaningful work to be performed which will meet course requirement(s):

  ---------------------------------------------------------------------------------------------
   ---------------------------------------------------------------------------------------------
   ---------------------------------------------------------------------------------------------
   ---------------------------------------------------------------------------------------------
   ---------------------------------------------------------------------------------------------
   "-----------------------------------------------------------------------------------------------------------------------------

Agency Supervisor’s
Signature________________________________________Date________________

S-L Student’s
Signature________________________________________Date________________

S-L Student: By signing the S-L Placement form, I acknowledge that I have reviewed and discussed the objectives described in the course syllabus with the Site Supervisor. I understand that I must complete the assigned S-L project at the above-designated Agency in order to receive credit for participation in this program.

Instructor’s
Signature________________________________________Date________________

By signing the S-L Placement form, I acknowledge that the above agency and project description is acceptable to this course requirement.

College of the Canyons
Service-Learning
For questions or assistance, call 661.362-3231 or e-mail servicelearning@canyons.edu www.canyons.edu/sl