

SERVICE LEARNING AGREEMENT
Coastal Carolina University

STUDENT NAME _____ **STUDENT ID #** _____

CAMPUS ADDRESS _____

TELEPHONE _____ **E-MAIL** _____ **GRADE LEVEL** _____

COURSE # _____ **SEMESTER** _____ **YEAR** _____ **MAJOR** _____

SCHEDULE _____ **ESTIMATED TOTAL HOURS** _____

FACULTY INSTRUCTOR _____ **DEPARTMENT** _____

PHONE _____ **EMAIL** _____

AGENCY/SITE _____

SITE ADDRESS _____

SITE SUPERVISOR _____ **PHONE** _____ **EMAIL** _____

STUDENT SERVICE ACTIVITIES: _____

STUDENT LEARNING GOALS:
1) _____

2) _____

3) _____

SIGNATURES: This Service Learning Agreement establishes an agreement between the STUDENT, AGENCY, and COASTAL CAROLINA UNIVERSITY for the semester indicated. The STUDENT agrees to act in a responsible manner and agrees to abide by the AGENCY rules, regulations, and privacy policy while on site and working with AGENCY clients and staff. STUDENT agrees to complete all the academic requirements necessary for the course. The AGENCY agrees to provide the STUDENT with training, supervision, and evaluation necessary for relevant experiential learning. COASTAL CAROLINA UNIVERSITY will provide academic supervision, oversight, and materials needed to evaluate student performance for course grading.

STUDENT (Signature) _____ **DATE** _____

SITE SUPERVISOR (Signature) _____ **DATE** _____

FACULTY INSTRUCTOR (Signature) _____ **DATE** _____