

For Office use only
Submitted: _____



**BRANDON
UNIVERSITY**

Founded 1899

Service Learning Application and Agreement Form

Student Name: _____ Student Number: _____

Email: _____ Phone: _____

Major(s) _____ Minor(s) _____

Program Year: 1st Year 2nd Year 3rd Year 4th Year

Experience Provider: _____

Experience Provider Supervisor(s): _____

Experience Provider Address: _____

City/Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Project Title: _____

Service Starting Date: _____ Service Ending Date: _____

Please indicate total hours of service to be completed during this period: _____

Brief description of the Service Learning project: (use ONE extra page if necessary).

What do you have to offer this project (knowledge, skills, etc.) and what do you hope to learn from it?
How does the service learning project compliment your academic program and career goals? (use ONE extra page if necessary).

Please describe project outcomes, products or services that will result from this project and detail people's rights and obligations concerning any project products. For ease of commentary, please tick the items listed below which are relevant to this project and provide brief details. Details:

Details:

- Acknowledgments _____
- Project report will have:
 - public domain _____
 - a restricted/delayed circulation _____
 - confidential _____
- B.U. student has the right to _____
- B.U. does not have the right to: _____
- Other: _____

Details:

The undersigned had read and agrees to the information regarding the Service Learning program included with this application form:

Student: _____ Date: _____

Service Provider: _____ Date: _____