SERVICE LEARNING FORT HAYS STATE UNIVERSITY	Service-Learning Agreement Form

I. Student

Student Name: _____

Address: _____

Phone Number: _____ Email: _____

II. Faculty

Faculty Member: _____

Office Address: _____

Phone Number: _____ Email: _____

Course: _____

Service Hours: _____

Learning Goals:

_____

_____

_____

_____

_____

III. Community Agency

Name: _____

Address: _____

Phone Number: _____

Supervisor: _____

Supervisor Phone Number: _____

Safety/Confidentiality Guidelines:

_____

_____

_____

_____

_____

This serves as an agreement between the professor, student, and the community agency; the major participants in service learning courses at Fort Hays State University. By signing this document you agree to having met with the Professor listed above and discussed all the institutional policies regarding such courses, and discussed the roles, responsibilities, and expectations of all parties involved.

Student Signature:_____ Date:_____

Professor Signature:_____ Date:_____

Agency Representative Signature:_____ Date:_____