

**San Antonio College Service-Learning
Participant Enrollment Form 2003-2004**

Please print

Student Name: _____ SSN: _____

Address: _____

City: _____, Texas Zip Code _____

E-mail: _____ Phone: _____

Instructor's Name: _____

Course Name/Number: (ex. ENGL 1301) _____

Class Meeting Day(s)/Time: (ex. MW 8-9:15 am) _____

circle one Fall Spring Summer Service Hours Required: _____

Reflection Assignment: (ex. Essay, Journal, etc.) _____

Students may be required to attend reflection sessions in addition to the assignment.

Placement confirmation to be completed by student, approved by instructor and agency supervisor.

Agency Name: _____

Agency Contact: _____ Phone: _____

Describe the service-learning project (expectations, requirements, responsibilities):

The student expects to gain the following learning experience:

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Please return this form to your instructor by _____

Office use

Date received: _____

Date entered: _____

Approved Agency: Yes No