

## **Service Learning Site Proposal**

This document is intended to be a tool to help guide and enhance your service learning experience through the site selection process. You are using this form because you have been approved to select your own site for your service learning experience. Spend time reflecting on what you hope to accomplish during your service learning experience in order to select a site that fits your learning and course goals (site must directly serve people). Submit this form to your faculty member and service learning staff within the first two weeks of the course. NOTE: Prior approval of site by faculty and service learning staff is required prior to start of service learning hours to ensure proper contracting of site by service learning staff and to avoid conflicts with other placements.

Student Name:	Instructor Name:
Email:	Home Phone:
Program (Highlight One): Pre-nursing Accelerated   DNP Pharmacy HSE DPT HES Counseling	Traditional CHOICE RN-BS MSN FNP NNP
Semester (Highlight One): Fall Spring Summer	Year:
Course Title:	
Name of Proposed Agency/Organization:	
Agency/Organization Address:	
Agency/Organization Website (web address):	
Name of Supervisor at Agency:	Title of Supervisor:
Supervisor Phone:	Supervisor Email:
Complete the following three questions below:	
1. What is the mission of this organization and how will it support your service learning goals and experience?	
2. What is the primary population you will serve and the scope of work you will provide?	
3. How do you think you and the organization will benefit from this experience?	
is required by my faculty and service learning staff prior	rning course with the understanding that prior approval of this site to beginning my service hours. I also recognize that if this site is not ner to complete my service learning assignment requirements.
Signatures:	
Student Signature: Printed	d Name: Date: