

1. Faculty Information

Name: _____ Phone: _____

Email: _____ School: _____

Course name: _____ Course Code: _____

Are you able to commit to being a CSER supervisor and completing all necessary forms to ensure students receive CSER credit for their Service-Learning opportunities? **YES / NO (Circle one)**

2. Service-Learning Model Applying For (Circle one)

Model #1 – Service-Learning Course Component

Model #2 – Service-Learning Course

Model #3 – Service-Learning Capstone Course

Model #4 – Service-Learning Internship

Model #5 – International Service-Learning

Model #6 – Community-Based Research

3. Service-Learning Description (Please explain both how the service opportunity will provide local communities a service or benefit, as well as how the student will draw on their academic knowledge and skills during the service opportunity)

4. Syllabus

For your application to be processed, you must attach your course syllabus with this application. The syllabus must meet the criteria found in sections IV. and V. found in the Service-Learning/CSER Application Policy Handbook.

Faculty Signature: _____ Date: _____