

Learning Plan

Section I: Student Data

Student Name		Student ID	
Email		Telephone Number	
Primary Emergency Contact		Relation	
Daytime Telephone		Cell Phone Number	
Secondary Emergency Contact			
Daytime Telephone		Cell Phone Number	

Section II: Learning Site

Learning Site			
Contact Name			
Address			
Email		Telephone Number	

Section III: Course Data

Course Title: _____ Faculty Name: _____
Service Objectives (list your primary responsibilities at the Learning Site):

Learning Objectives (describe how your primary responsibilities support/further your course work):

Planned Number of Service Hours: _____ Start Date: _____ End Date: _____

I have reviewed and approve the Learning Plan set forth above.

Faculty Signature: _____ Date: _____

Student Initial: _____

