

LEARNING PLAN

Section I: Student Data

Student's Name: _____ Student ID: _____

E-mail: _____ 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: _____

E-mail: _____ 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: _____