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.

________________________________________  Date:
Faculty Signature: ___________________________

Student Initial: _____