

# Service Learning Course Certification

Faculty Name \_\_\_\_\_ Department \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone \_\_\_\_\_

eMail Address \_\_\_\_\_

Course Prefix, Number, Section, & Credit Hours \_\_\_\_\_

I intend to make Service Learning an option *for (semester, year)* \_\_\_\_\_

I intend to make Service Learning options available on an *on-going basis*.

*All* students will be involved in Service Learning.

Service Learning will be *optional* in the course.

**Applicants must address:**

Please describe the Service Learning Activity and planned assessment and reflection activities.

Refer specifically to the Service Learning Guidelines.

Attach a copy of the course syllabus.

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Please discuss the faculty member's experience with Service Learning.

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I have attended the MSU Service Learning Workshop.

I certify that Service Learning is a significant part of this course.

Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Chair, Service Learning Committee

send completed form and materials to: Chair, Service Learning Committee, American Humanics, 105 Carr Health

**Committee Use**

Received

Agenda

Sent to Registrar