

**JOHN R. KERNODLE, JR.**  
***CENTER FOR SERVICE LEARNING***

• Moseley 230 / Campus Box 2999 • 278-7250

***Academic Service - Learning Course Information Form***

Professor's Name: _____	Office Location: _____
Campus Phone: _____	Campus Box: _____
Course (name & number): _____	E-mail: _____
Semester Offered: _____	# Of Students: _____
Optional or Required Service: _____	Hours per Student: _____
Class Meeting Time: _____	Class Location: _____
Office hours: _____	Fax #: _____
Class Levels:    Freshman        Sophomore        Junior        Senior	
Preferred Type of Service Learning Project:    One project for entire class        Small Groups        Individual	

***PLEASE ATTACH A COPY OF YOUR COURSE SYLLABUS WHEN YOU RETURN THIS FORM!***

What are your goals for this course?

How do you plan to connect the field experience to course content?

Do you have a preference on the type of service placements? Please include any information that will help us to arrange appropriate placements for your students.

Please return the completed form to the Kernodle Center for Service Learning (Campus Box 2999) as soon as possible. Forms must be received prior to the start of the semester. If you have any questions, please contact Kathy Manning at 278-7250.