

**La Sierra University  
Office of Service-Learning  
Gladwyn Hall #205**

**Service-Learning Course Designation Request Form**

Faculty Name(s): \_\_\_\_\_

Email: \_\_\_\_\_ Extension \_\_\_\_\_.

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

When will course be taught the first time? \_\_\_\_\_

Service-Learning: Required / Optional      If Optional, is there a cap to SL student #? \_\_\_\_\_

Proposed or Type of Community Partner(s): \_\_\_\_\_

Community Partner contact name: \_\_\_\_\_ Phone number \_\_\_\_\_

Community Partner contact name: \_\_\_\_\_ Phone number \_\_\_\_\_

Please provide a one paragraph summary (approximately 150 words) indicating how the Service-Learning activities in this course will meet course learning objectives and community needs. In addition, attach a copy of the syllabus as well as reflection exercises for the course.

I agree to provide evaluative data as required by the S-L office at the completion of the course.

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

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