



Center for Student Involvement

FACULTY -- Service-Learning Project Description Form
*(To be submitted with all SL student items when SL project is completed
but NO LATER THAN 5 days after official grades are due)*

Faculty: _____
Email/Phone: _____
Course Title: _____
Course No.: _____ Section: _____ CRN: _____ Semester: _____

Applicable SLO(s) from your syllabus

Project Description

Numbers

How many students were involved?

Individual student Students as a class Students working in small groups

Approximately how many people did the project reach?

Total SL Project Hours

(Please turn page OVER)

Result or Outcome of the Service-Learning Project

Community Based Organization (CBO) Contact Information

CBO Name: _____

Contact person: _____

Title: _____

Email: _____

Telephone: _____

For CSI use only: Date Received: _____ Date Inputted: _____