

Chandler - Gilbert Community College Service-Learning Application

Application is for the following academic period: Year: _____ Semester *check one*: Fall Spring 1st 5-wk Summer 8-wk Summer 2nd 5-wk Summer

Course (e.g., ENGL102): _____ Section # (e.g., 1510): _____ Days/Time: _____ Instructor: _____

This course: Exempt / Credit _____ Other Service Learning Courses This Semester: _____

TO BE COMPLETED BY STUDENT: *please print*

Student ID: _____ **Last Name:** _____ **First Name:** _____ **Init:** _____

Home Phone: (_____) _____ Other Phone Numbers: _____

Please maintain your current # with both CGCC faculty and your placement site and list all other phone #'s where you can be reached.

Address: _____ City: _____ Zip: _____

Academic Major: _____ Career Goal: _____ GPA \diamond : _____

Other experiences and qualifications you have (e.g., 2nd language, computer skills): _____

If you have any personal, physical, or mental attributes which would prevent/limit you from performing any Service-Learning duties, please describe: _____

What would you like to gain from this experience? _____

Student's Signature

Date Returned to Service-Learning Assistant

OFFICE USE

Service Learning Assistant: _____

Exempted on database.