

## SERVICE LEARNING PLAN

For: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Advisor: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Major(s): \_\_\_\_\_

Specific Activity/Location*	Community Need	Time Frame (Duration)
1.		
2.		
3.		
4.		
5.		

\* Attach sheets describing details of activity, contact persons, phone numbers, etc.

**CHECKLIST:**

**DATE**

**ADVISOR'S/  
STUDENT'S INITIALS**

Service Learning Plan filed (Semester 1)	_____	_____/_____
Service Plan modified (if necessary)	_____	_____/_____
Service Plan modified (if necessary)	_____	_____/_____
Service Plan modified (if necessary)	_____	_____/_____
Interim Reports filed (Semester 2/3)	_____	_____/_____
Interim Reports filed (Semester 4/5)	_____	_____/_____
Interim Reports filed (Semester 6/7)	_____	_____/_____
Interim Reports filed (Semester 8)	_____	_____/_____

**OPTIONAL:** A NARRATIVE PLAN MAY BE SUBSTITUTED FOR THIS DOCUMENT AT THE STUDENT'S DISCRETION.