

INSTITUTE FOR SERVICE LEARNING

Salisbury State University • 1101 Camden Avenue • Salisbury, MD 21801

Telephone: (410) 546-6015 • Fax: (410) 543-6069

Instructor _____ Course _____

Class Meeting Time _____

SERVICE-LEARNING STUDENT APPLICATION

TO BE COMPLETED BY THE STUDENT:

Date _____ Student Number _____ Date of Birth* _____

Name (Please print) _____ Male / Female (Please Circle)

Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Work) _____

*(Students under 18 must complete a "Parental Consent" form before beginning their placement-available from the Institute for Service Learning.)

ETHNIC GROUP:

____ Hispanic

____ African American

____ White (not Hispanic origin)

____ American Indian/Alaska Native

____ Asian/Pacific Islander

____ Other

Important:

Both this form and the "Service Experience Approval Form" must be turned in to your instructor by the deadline.