East Tennessee State University
Service-Learning Course Registration Form

Course Title: ____________________________ Course Number: ________________

Instructor: ______________________________________________________________

Department: ______________

Campus Box: ______________ Phone: ________________________________

Semester: ___Fall _____Spring _____Summer Year 20____

Please check one of the following options.

_____Optional Course Component _____Required Course Component

_____Number of sections that will have a service-learning component

Please list the number of students anticipated in the course and section so forms may be gathered for distribution. Number of students: ____________________________

Will this course have a service-learning component from now on? ___Yes ___No

If no, the course will need to be registered each time it is offered.

Please check one of the following options.

_____I plan on establishing my own service sites.

Please attach a list of sites, locations, and contact names.

_____I would like for the Office of Service-Learning to set up the placement sites in consultation with me.

Please list the date and time you would like someone from the Office of Service-Learning to attend your class to go over the service-learning forms and placement process with the students.

Date __________________________ Time __________________________

Please attach a copy of the course syllabus if this is the first time the course has been registered with the Office of Service-Learning or if the syllabus has been updated.

You will be provided a copy of your registration along with a confirmation of the class visit if scheduled. Return to Box 70548 or Fax 439-7790