



WILLIAM R. HARVEY LEADERSHIP INSTITUTE
SERVICE-LEARNING PRE-APPROVAL FORM

STUDENT NAME _____

ID NUMBER _____

NAME OF ORGANIZATION/AGENCY:

ADDRESS:

CONTACT PERSON(S):

TITLE/POSITION:

PHONE NUMBER: _____

EMAIL ADDRESS(S):

PROPOSED PROJECT DESCRIPTION:

SIGNATURE OF CONTACT PERSON: _____

COMPLETE ONE OF THE FOLLOWING:

ONE DAY OF SERVICE

DATE: _____

ONGOING SERVICE

BEGINNING DATE: _____

ENDING DATE: _____

STUDENT SIGNATURE: _____

ACADEMIC COORDINATOR PERMISSION:

THE SERVICE-LEARNING PROJECT DESCRIBED ABOVE IS ACCEPTABLE FOR SERVICE-LEARNING HOURS

THE ACADEMIC COORDINATOR SIGNATURE

APPROVED

DENIED

DATE: _____

Please note that only a maximum of four organizations can be used toward your 40 hours of service learning