MILLERSVILLE UNIVERSITY
COMMUNITY & ACADEMIC PARTNERSHIPS
SERVICE-LEARNING COURSE PROJECT DESCRIPTION

If you need help in finding community needs to match your learning objectives let us help!

Faculty Name

Department Address

Phone E-Mail Address

Project/Course Description

Number of Students (estimate) _____

Hours Required _____ Semester (s) _____

Skills/Knowledge Required _____
(Optional)

_____

Signature _____ Date _____

* *

Referred to Agencies _____ Date _____

Response _____

Referred to Agencies _____ Date _____

Response _____

Referred to Agencies _____ Date _____

Response _____