



MDC Center for Community Involvement Service-Learning Contract



Student and Course Information

Student's Name:		Professor's Name:	
Course ID:	Reference #:	Semester:	Campus:
Phone Number:		E-mail:	

Agency Information

Agency Name:	Contact Person:
Address:	Phone Number:

Directions: Students must discuss and complete the portion below with the agency supervisor.
Bring your course syllabus to review with the agency supervisor.

1. Describe the types of activities that you will engage in at this agency:

2. How do these activities relate to your service-learning course?

3. How many hours will you serve at this agency? : ____ Start Date/Orientation: _____

Days and times that you will serve at this agency: _____

Contract Agreement

The Miami Dade College service-learning student agrees to act in a professional manner and to respect the rules and policies governing the agency where his/her service-learning project is completed.

The agency supervisor recognizes the important role that his/her agency plays in educating service-learning students and will strive to assign tasks and activities to help enhance student learning. The agency agrees to provide the student with appropriate supervision, a safe work environment and to complete student forms in a thoughtful and timely manner.

I agree to, and will uphold, the terms of this placement.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Full Name (Printed): _____ Phone Number: _____

Submit completed form as directed by your professor.