

**MIAMI-DADE COLLEGE**  
**Center for Community Involvement**

**Service-Learning Site Approval Form**

*Any student who wishes to complete his/her service-learning placement at an agency not included on the MDC Center for Community Involvement list of approved sites must have the agency supervisor complete this form, **receive approval from the professor and/or the Center Director**, and then return it to the Center for Community Involvement prior to beginning the placement.*

Name of MDC Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Professor & Course: \_\_\_\_\_

Name of Proposed Agency: \_\_\_\_\_

Address of Proposed Agency: \_\_\_\_\_

Name of Agency Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Dear Agency Supervisor,*

*The student named above is requesting permission to complete his/her service-learning placement at your agency. In order to maintain the highest possible standards for our program, **we kindly request that you review the following information about service-learning to ensure that this placement is appropriate.***

Service-learning is the combination of academic coursework with carefully planned, meaningful service that provides direct benefits to the community. The goals of service-learning are:

- to enhance classroom learning (i.e., to connect theory with real world applications)
- to provide direct service that benefits the community
- to promote service, citizenship and a sense of caring for others

In order for this placement to be approved, you must be able to answer “yes” to all the following questions:

\_\_\_ This student is not an employee of my agency/organization

\_\_\_ The service this student will provide will directly benefit our community

\_\_\_ This experience will help the student better understand the needs of our community and how he/she can help make a difference

\_\_\_ The service this student will provide will contribute to his/her personal and professional development (i.e., the service will be meaningful and challenging)

\_\_\_ My agency will provide a safe working environment, orientation, and on-going support to the student.

I have reviewed the information provided in this form and am confident that the service experience our agency will provide this student is in line with the goals of service-learning.

**PLEASE ATTACH A BUSINESS CARD AND/OR BROCHURE FROM YOUR AGENCY.**

\_\_\_\_\_  
Agency Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Professor's or Center Director's Approval

\_\_\_\_\_  
Date

If you have questions, please call one of the Centers for Community Involvement Center contacts listed below:

Homestead Campus: 305-237-5205

Linda Berzofsky: lberzofs@mdc.edu

Kendall/Homestead Campus: 305-237-0859

Ossie Hanauer: ohanauer@mdc.edu

North/Hialeah Campus: 305-237-1820

Rose Davilmar: rdavilma@mdc.edu

Wolfson/Medical Campus/InterAmerican: 305-237-3848

Tamica Ramos: tramos@mdc.edu

***THIS FORM MUST BE SUBMITTED WITH THE  
“SERVICE-LEARNING PLACEMENT CONFIRMATION AGREEMENT”***