

Students must submit a proposal before starting their community service project. The SASC must provide you with authorization to begin. Once the project has been approved, the SASC will forward an official notice to you. You, your department chair and academic advisor will receive a copy of the transmittal for your records.

Student Information

First Name	Last Name	MI	Student ID #		
Email address		Telephone No.	Classification	<u> </u>	
Major	Comp 3	30 semester hrs (Y	/N) Date Attended C	S Workshop	
		Site Informatio	<u>n</u>		
Name of Agency R	epresentative		Title/Position		
Name of Organizat	ion				
Street Number Street Name			City, State, Zip Code		
Agency Representative's Email		Phone Nur	hone Number Fax Number		
Proposed Project Sy	nopsis (Please	attach a detailed pro	oject description and agree	ment)	
community organizatio	n and provide I	eadership to create s	rstand complex social issues olutions. We are in concur outcome for community servi	rence with the	
Student's Signature	e Dat	e Aca	demic Advisor Signature	e Date	
Dean's Signature	Da	te SAS	SC Staff Signature	Date	