

FACULTY INTEREST FORM

Community Based-Scholarship and Nonprofit Development

SECTION 1 (Faculty / course information)

Contact Name: _____

University/College: _____

Department: _____ Course #/Name: _____

Address: _____
Street Address City, State Zip

Telephone Numbers: _____
Office Department Fax

Email Address: _____ Website: _____

SECTION 2

Semester/ Duration of Project: *(Circle if filling out on paper; underline or italicize if filling out online)*

Fall Spring Summer Winter Year: _____

Please describe specific ideas for a service learning project in your course:

What are the learning objectives that you would like to enhance with this project?

If you don't have a project but would like assistance in developing one, what knowledge/skills do students develop in your course that might be of use to the community?

Would you like us to contact you to help develop a service learning project for your course?

Yes No