

Faculty Request for New Service Learning & Academic Internship (SLAI) Learning Site

Information Form - Exhibit A

Please use this form to request a Learning Site Agreement be put in place between HSU and your proposed Community Partner. Please be aware that the development of Community Partners can be a lengthy process. The Learning Site Agreement, a legal contract between the Community Partner and the HSU/CSU institution, must be in place before students can begin their service/ internship at off-campus community sites as the students will not be covered with General and Professional Liability insurance by the institution.

Please start early and contact the Center for Service Learning & Academic (CSLAI) for assistance (at least one semester prior to course offering). Please return this form by email to spb1@humboldt.edu or deliver to the Center for Service Learning & Academic Internships, GH 122; 826-4963.

Faculty Name

Phone E-mail

Department

Course Name Course Number

Service Learning Course

Academic Internship Course

Internship: Paid Unpaid

When will the course be taught? Spring Fall Summer (Extended Education)

How many hours are you requiring your students to be engaged in the community during the semester?

1-5 6-10 11-15 16-20 21-30 30+ Other

Will your students be participating ONLY in off-site research or project-based activities?

How many students will be placed at this site from your course?

Please provide the following Learning Site /organization information on this and the following page in order for CSLAI staff to pursue the Learning Site Agreement (LSA) legal contract more efficiently on behalf of your course/ department.

Organization Name

Address City

State Zip Code

Website Address

Please provide the following information for the person at the organization who is legally authorized to sign the **Learning Site Agreement** contract; i.e. the legally authorized / responsible CEO, owner, Executive Director, etc. This person is named directly on the contract for signing.

Name of Authorized Signer

Title

Phone for Authorized Signer

E-mail for Authorized Signer

Please provide the following information for any additional staff that might be acting as the student's Site Supervisor, or someone who can take the Learning Site Agreement paperwork to the appropriate Authorized Signer.

Contact Name

Title/Role

Phone

E-mail

Please provide any additional special requirements or information specific to this Request that could help expedite the process in establishing the Learning Site Agreement paperwork (i.e., past experience partnering with this organization, contacts students may have already made with staff at this organization, etc.)

Please save this completed form to your computer and send as an attachment to: spb1@humboldt.edu.

Thank you very much for completing this request and returning it to the CSLAI as early as possible (ideally at least a semester before the experience). **Center for Service Learning & Academic Internships • GH 122 • 826-4963**