

Standard Memorandum of Collaboration For Service-Learning Partnerships

UT Faculty Information

If possible, please attach your course syllabus to this form.

Name
Date
Department
Phone
Email
Office Location
Course Name
Course Number
Semester of Service

Please provide a brief description of your course.

What are your goals for this service-learning project?

How will you and the community partner communicate about the project?

How will you and the community partner close out the service?

Community Partner Information

If possible, please attach a brochure or flyer for your community organization.

Name

Date

Organization

Name of Site Supervisor (if different from above)

Phone

Email

Site Location

Hours of Operation

Please provide a brief description of the community organization to host the students.

What are your goals for this service-learning project?

How will you and the faculty member communicate about the project?

How will you and the faculty member close out the service?