



William R. Harvey Leadership Institute

Service-Learning Pre-Approval Form

Student Name: _____ **HU ID#:** _____

Name of Organization/Agency: _____

Address: _____

Contact Person (S): _____

Title/Position: _____

Phone # (S): _____

Email Address (S): _____

Proposed Project Description:

Signature of Contact Person: _____

Complete one of the following:

This will be ONE DAY OF SERVICE

Date: _____

This will be ONGOING SERVICE

Beginning Date: _____

Ending Date: _____

Student Signature: _____

Academic Coordinator Permission:

The service learning project described above is acceptable for service-learning hours.

Academic Coordinator Signature

Approved: _____

Denied: _____

Please note that only a maximum of four organizations can be used towards your 400 hours of service learning