Repeated Service-Learning Course Form

Course Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Section and CRN :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: Spring \_\_\_\_ Summer\_\_\_\_ Fall\_\_\_\_

Faculty member submitting the application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time you taught this course as a service-learning course?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send all materials electronically to [linda.drake@oneonta.edu](mailto:linda.drake@oneonta.edu)