**Office of Continuing Education and Service-Learning**

**Grambling State University**

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| **Application for Service-Learning Course Designation** |

Please submit the completed application and course syllabus to Office of Continuing Education and

Service-Learning (CESL).

**Today’s Date:**

**Instructor’s Name:**

**College:** **Department:**

**Course Title:**

**CRN Number:** **Semester:**

**Service Learning Requirement: **

**Project Title:**

**Community Partner (**please list the community organizations your students will be serving­­­­­­­­­­­­­­):

**Service-Learning Project Description:**

Director Date

Continuing Education and Service-Learning

Date:

Committee Approval/Recommendations: