GRAMBLING
STATE UNIVERSITY®

Office of Continuing Education and Service-Learning

Dr. Rory L. Bedford, Director

Individual Prior Approval Service-Learning Volunteer Form

This form should be completed and emailed to pereram@gram.edu

Today's Date: _____

Student's Information

Name: _____ G#: _____

Classification: _____ Major: _____

Telephone #: _____ Email Address: _____

Community Project Information

Name of the Organization: _____

Name of the Organization Representative/Verifier: _____

Contact # for the Organization Representative/Verifier: _____

Community Partner(s) Name: _____

Community Partner(s) Full Physical Address: _____

_____

The Semester(s) Community Project will be completed: _____

Write a detailed paragraph explaining the community project that will be completed (You may include the type of service project, your responsibilities, targeted age group and etc.):

_____
_____
_____
_____
_____
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_____
_____
_____

PRINT

Contact Us:
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Email: pereram@gram.edu / johnsonn@gram.edu