

**St. Cloud State University  
SERVICE-LEARNING CONTRACT**

Name of Organization: \_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**STUDENT**

Below, please describe three learning goals for your work at this organization. These should relate to the course goals provided by your instructor and to your own personal experience and development.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

**SITE SUPERVISOR**

Below, please describe the work that the student will be doing while at your site.

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

The student agrees to make at least \_\_\_\_\_ visits to the site before \_\_\_\_\_ (date) and to accumulate a minimum of \_\_\_\_\_ hours at the site.

The site supervisor agrees to be available when the student is at the site and to have work activities planned in advance for the student.

\_\_\_\_\_  
(student signature & date)

.....  
\_\_\_\_\_  
(site supervisor signature & date)

\_\_\_\_\_  
(professor approval & date)