



Mount Wachusett Community College

Service Learning Project Contract On-Campus Projects

Student Name:	
Local Address:	
Local Phone:	
Student Email Address:	
Course:	Semester:
Instructor:	
Project Description:	

Part 1: Course Learning Objectives
1.
2.
3.
4.

Part 2: List of Activities to be Completed
1.
2.
3.
4.
5.

Part 4: Evaluation (What requirements must be met before credit can be awarded?)
1. I will complete the required number of hours as part of this experience.
2. I will conduct myself in a professional manner and communicate any questions, problems or concerns with my instructor.
3. I will complete a reflection activity and submit it to my professor.

Final Agreements

I agree to honor the minimum commitment required for this Service Learning experience, and any of the additional training and/or time requirements of my Service Learning Site as detailed by my Professor. I agree to contact my instructor if I have any concerns about this experience.

Student Signature: _____

Date: _____